



Health Policy Commission Innovation Investment Opportunities Frequently Asked Questions Version 6: Posted 5/11/16

Please check the appropriate program section for the responses to related FAQs.

- I. [Neonatal Abstinence Syndrome Investment Opportunity](#)
- II. [Health Care Innovation Investment Program](#)
- III. [Telemedicine Pilot Initiative](#)

Funding Opportunity	Question ID	Date Added
NAS Investment Opportunity	NAS 01 – NAS 08	03/25/16
	NAS 09 – NAS 22	04/01/16
	NAS 23 – NAS 35	04/22/16
	NAS 36 – NAS 43	04/29/16
	NAS 44 – NAS 86	05/11/16
Health Care Innovation Investment Program	HCII 01 – HCII 17	03/25/16
	HCII 18 – HCII 56	04/01/16
	HCII 57 – HCII 69	04/06/16
	HCII 70 – HCII 82	04/22/16
	HCII 83 – HCII 89	04/29/16
	HCII 90 – HCII 138	05/11/16
Telemedicine Pilot Initiative	TM 01 – TM 12	03/25/16
	TM 13 – TM 40	04/01/16
	TM 41 – TM 53	04/22/16
	TM 54 – TM 58	04/29/16
	TM 59 – TM 101	05/11/16

Neonatal Abstinence Syndrome Investment Opportunity

NAS 1. If my hospital has received a CHART grant, are we eligible to apply?

Yes. Receipt of an award in CHART does not disqualify a CHART hospital from applying for NAS (Category B).

NAS 2. How should we apply the salary cap?

There was an error in the Budget Proposal Response RFP attachment for the HCII, Telemedicine, and NAS programs. The salary cap for the purposes of all HPC investment programs is \$185,100 per Full Time Equivalent (FTE) per year. This cap is applied to pre-fringe, pre-indirect salary for the Applicant and Partner(s).

The salary cap is applied per FTE per year. For example, an employee at 1.0 FTE cannot be paid more than \$185,100 per year out of the HPC's funds for the Initiative. An employee at 0.5 FTE cannot be paid more than \$92,550 per year out of the HPC's funds for the Initiative (this is calculated as $0.5 \times \$185,100$). In-kind or other funding sources may be used to augment salaries at the discretion of the Applicant or Partner(s).

The HPC at its sole discretion may grant exceptions to the salary cap on a case-by-case basis. Please indicate the desired salary in the Budget Proposal Response and note a request for an exception in the Notes column of the salary budget line.

NAS 3. If you are a health system that includes a number of hospitals, could one hospital apply, and collaborate with the other hospitals in the system as partners? (Category A)

Yes. However, one hospital must be identified in the Proposal as the primary Applicant.

NAS 4. Could multiple hospitals within the same health system apply as co-applicants?

One hospital within the health system must be identified as the primary Applicant. Any additional hospital within the same health system may be identified as a Partner in the Proposal.

NAS 5. Can services such as hospital-DCF and hospital-EI be wrapped into this program within the budget proposal?

As specified in the Budget Proposal Response Instructions, Attachment A, Exhibit 3, HPC funding may be used for Applicant and Partner personnel salaries, fringe, indirect costs, consultants, contractors, technology, training and additional support costs, provided that such goods and services are tied to the Primary Aim of the Proposal. The Applicant should not include costs in the Budget Proposal that are subject to reimbursement from any other source. Duplicative costs or receiving reimbursement from multiple funding sources for the same cost is prohibited (i.e., "double dipping"). Costs for hospital-DCF or hospital-EI services that are not subject to reimbursement

from any other source, and directly tied to the Primary Aim of the Proposal, may be included in the Budget Proposal.

NAS 6. Where can I find more information on the Moms Do Care program at DPH?

As described in Section II. B, the DPH was awarded funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) pursuant to the Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addition funding opportunity (RFA No. TI-15-007). The purpose of the SAMHSA grant program is to provide funding to states to enhance treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated care, and evidence-based medication assisted treatment (MAT) and recovery support services to individuals with opioid use disorders seeking or receiving MAT.

The DPH Moms Do Care program focuses on increasing access to MAT among opioid dependent women who are pregnant. All full description of the DPH MDC project narrative, as awarded by SAMHSA, can be found [here](#).

NAS 7. In terms of Category B’s expectation around the 50 mothers, are there any additional expectations or preferences regarding births at the applying hospital, total birth volume, and percentage of NAS births vs non-NAS births?

An Applicant for Category B funding must commit to enroll and provide prenatal, inpatient and post-discharge services to at least 50 women over the 27-month Period of Performance. Proposals should include information that supports the Applicant’s ability to enroll at least 50 patients during the Period of Performance (e.g., Applicant’s total birth volume, percentage of NAS births). Community need is also a selection factor (e.g., prevalence of opioid addiction, number of overdoses per year, NAS volume at the hospital).

For more information, see Section IV. Selection Criteria and Section V. Proposal Instructions of NAS Investment Opportunity RFP.

NAS 8. Will the HPC be providing technical assistance or identifying or providing the trainer for hospital staff who have received NAS Category A funding?

An Applicant for Category A funding must commit to participate in evaluation, technical assistance (TA), training, and collaborative activities, and to submit progress reports, as specified by the HPC.

The type and scope of TA and training that may be provided to Awardees by the HPC is dependent upon the content of selected Proposals.

In addition, an Applicant for Category A funding may include training and additional support costs such as TA in the Budget Proposal, provided that such goods and services are tied to the Primary Aim of the Proposal.

NAS 9. What is the cap for overhead costs?

As stated in the Budget Instructions described Attachment A, Exhibit 3 for the NAS Investment Opportunity RFP, indirect costs should not exceed 15% of pre-fringe benefit personnel costs. This is inclusive of all employed and per diem staff throughout the Period of Performance, but excludes consultant costs.

NAS 10. Could you please explain more about how "budget and financial considerations" will be evaluated and scored? Financial need is listed as a factor, but Section V.D.10 of the NAS Investment Opportunity RFP states that information on financial need is optional. How will the presence or absence of in-kind contributions affect an application?

As stated in the RFP, Budget and Financial Considerations will be evaluated for up to 15 points. The HPC will consider the financial need of the Applicant and any Partner(s) using publically available financial metrics, when evaluating Proposals. Optionally, the Applicant may provide additional information about the financial need of itself and/or its Partners for the HPC to consider in addition to publically available information. In-kind funding is encouraged but not required for any Proposal and, with any funding from other sources, will be evaluated relative to the financial need of the Applicant and proposed Partner(s). Finally, all budget proposal responses will be evaluated for cost efficiency, appropriateness and sufficiency for the initiative as described in the Proposal.

NAS 11. Does there need to be a historical baseline of NAS births to be eligible?

No. There is no threshold of NAS births required for funding eligibility. However, community need (e.g., high rates of Opioid Use Disorder and overdose related deaths in the community) and institutional need (e.g., total volume of NAS discharges in 2015) should be included in the Operational Response and will be considered in the selection criteria. Please see Section IV. Selection Criteria and Section V.D. Operational Response Instructions for the NAS Investment Opportunity RFP. Additionally, please see the FAQ response for NAS 7, posted on March 25, 2016.

NAS 12. Where would we find the previously successful pilots that could be used as a model?

Evidence of implemented pilots, lessons learned, and evidence based practices, may be found in primary literature, published case studies or the Applicant's and/or Partner's experience (see <https://www.pediatricnursing.net/ce/2016/article40051.pdf>). The nature of the proposed Initiative should be discussed within the context of the Applicant's hospital setting and surrounding community and how use of these evidence-based practices will help to achieve the Primary Aim of the Initiative.

NAS 13. Are there a minimum and/or target number of individuals that grantees need to serve during the implementation period?

Yes. Category B Proposals must describe how they will enroll at least 50 pregnant women in MAT over the 27-month Period of Performance. There is no minimum for Category A Proposals, but total volume of NAS discharges in 2015 will be relevant to the applicant's proposed reduction in total cost of care. Please see *Section IV. Selection*

Criteria and Section V.D. Operational Response Instructions for the NAS Investment Opportunity RFP. Additionally, please see the FAQ response for NAS 7, posted on March 25, 2016, for more information.

NAS 14. In order to increase capacity of prescribing providers it may require bringing new providers to the community. Would the cost of adding these providers be covered in a category B proposal?

Yes. The costs associated with building outpatient provider capacity can be included in a Category B Budget Proposal Response; provided those associated costs are tied to the Primary Aim of the Proposal. Additionally, please see the FAQ response for NAS 5, posted on March 25, 2016, for more information regarding allowable costs.

NAS 15. Are eligible program participants specifically mothers who currently are receiving MAT, or are mothers with an Opioid Use Disorder who are not currently receiving MAT also eligible?

For Category B, the target population includes women who are pregnant and have an Opioid Use Disorder. This includes both pregnant women currently in treatment but not yet engaged with MAT, and pregnant women who are in need of treatment and wish to engage with MAT. For additional information please see Section II.B of the NAS Investment Opportunity RFP.

NAS 16. Would participants have to switch treatment methods for this program? Are we distinguishing between mothers receiving buprenorphine and methadone?

Buprenorphine and methadone are both acceptable medication assisted treatments for this program. An applicant for Category B funding, however, must commit to and describe how it will increase the number of buprenorphine-waivered OB/GYNs and PCPs affiliated with the Applicant Birthing Hospital, and support affiliated OB/GYNs and PCPs to actively utilize MAT in their management of patients with Opioid Use Disorders. Please see Sections II.B.(2) and V.D.(11)(c) of the NAS Investment Opportunity RFP.

NAS 17. If a non-CHART hospital would like to apply, are they only eligible to apply for Category A funding?

Yes. Non-CHART Birthing Hospitals are eligible to apply for Category A funding, and CHART Birthing Hospitals are eligible to apply for Category B funding. See Section VIII of the NAS Investment Opportunity RFP for a list of CHART eligible hospitals.

NAS 18. Are there existing hospital programs (CHART or non-CHART) that are looking for partners for the NAS Investment Opportunity?

The HPC is not maintaining a list of hospitals that are seeking Partners for this opportunity.

NAS 19. Can a Category A hospital collaborate with category B hospital(s)?

Yes. Collaborations between Category A and Category B hospitals may be allowed in certain circumstances. For example, Category A and Category B hospitals may collaborate on a single Proposal with respect to improving the sharing of best practices. However, one hospital must be identified as the Applicant; with the other hospital serving as a Partner to the Applicant. Further, eligibility for Category A or Category B funding will be determined on whether or not the Applicant hospital is CHART eligible. The proposed Partnership should clearly be of value to the target population and surrounding community. See Section VIII of the NAS Investment Opportunity RFP for a list of CHART eligible hospitals.

NAS 20. How long should the letter of intent be?

No letter of intent is required for the NAS Investment Opportunity.

NAS 21. Are university-based research institutes eligible to apply?

No. A university-based research institute may participate in an Application as a Partner to a Category A or Category B Applicant. Applicants for Category A funding may be non-CHART Birthing Hospitals, and Applicants for Category B funding may be CHART Birthing Hospitals (see Section VIII of the NAS Investment Opportunity RFP for a list of CHART eligible Birthing Hospitals).

NAS 22. What role does the Department of Children & Families' (DCF) play in this program?

All infants born with NAS must be reported to the Department of Children and Families (DCF) by hospitals. The Applicants for Category B funding may propose strategies to improve coordination with DCF. For example, an Applicant could describe how they currently work with DCF on NAS cases and identify how the proposed Initiative will allow for better coordination with DCF during the Implementation Period and beyond. Please see Section II.B (2) of the NAS Investment Opportunity RFP and the FAQ response for NAS.5, posted on March 25, 2016, for more information.

NAS 23. Does the Applicant need to designate a Principal Investigator?

No. The designation of a Principal Investigator is not required. The HPC requires Applicants to identify two individuals by name at the time of Proposal: the Investment Director, and the Financial Designee, defined in Section IX of the RFP.

Investment Director: Primary point of contact for the HPC, who will assume responsibility for oversight of the Pilot Initiative, and will lead its implementation.

Financial Designee: Individual who will be responsible for tracking all funds identified in the Budget Proposal Response and reporting expenditures as required by the HPC.

NAS 24. Will letters of support be permitted? If so, where in the Proposal should they be included?

Letters of support will be accepted as part of an Applicant's Proposal. These materials may be included within the Operational Response, in Section V.E.6 or Section V.E.7. Please note that the Operational Response shall not exceed 15 pages.

NAS 25. May I apply for more than one of the HPC's innovation investment opportunities? Can I serve as the Applicant for one Proposal, and as a Partner on another?

Yes. There are no restrictions on the number of Proposals an Applicant or Partner may participate in, and it is possible for an Applicant or Partner to participate in more than one Proposal that receives HPC funding. While there is no restriction on the number of Proposals, however, the HPC encourages Applicants to submit their most competitive initiatives.

NAS 26. Can more than one proposal from a particular Applicant or Partner be funded?

Yes. There are no restrictions on the number of Proposals an Applicant or Partner may participate in, and it is possible for an Applicant or Partner to participate in more than one Proposal that receives HPC funding. While there is no restriction on the number of Proposals, however, the HPC encourages Applicants to submit their most competitive initiatives.

NAS 27. Can you provide guidance on how the Commonwealth Standard Contract Form should be completed?

Applicants should complete the following fields of the Standard Contract Form: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. Applicant also should sign and date the Standard Contract Form. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract.

NAS 28. Are there separate HPC Terms and Conditions in addition to what is included in Attachment B of the RFP? If so, are these included on the website to review?

In addition to the Commonwealth Terms and Conditions and Standard Contract form, there are terms and conditions specific to each investment program. Section VII of the RFP includes an overview of these terms and conditions, which will be detailed in the final contract documents after the HPC has made awards.

NAS 29. Is the full Proposal submitted electronically on the HPC site? By hard copy? Or both?

As specified in the RFP, Applicants must submit one (1) electronic copy of all Proposal materials to the HPC to HPC-Innovation@state.ma.us no later than the deadline. Hard copies will not be accepted by the HPC.

NAS 30. Will any part of the full Proposal be publically posted, short of a public records request?

No. The HPC may aggregate descriptive information about submissions for the purposes of presenting a process update to its board, but does not intend to publish Proposals.

NAS 31. Can you provide guidance on formatting preferences for the Proposal?

We encourage Applicants to submit the Operational Response for Proposals using single spaced, Times New Roman font, with a minimum margin size of ¼ inch and a minimum font size of 11. As stated in the RFP the Operational Response shall not exceed 15 pages. The Driver Diagram, Performance Measures Plan and Budget Proposal Response should be completed in the template format provided in the RFP attachments.

NAS 32. If I am interested in including information within my Proposal that was not specifically mentioned in the RFP, may I attach documents as appendices to my Operational Response?

Yes, the Applicant may submit additional materials in support of the Proposal but the HPC will not consider additional materials that exceed the 15-page limit for the Operational Response.

NAS 33. Does the 15 page limit for the Operational Response include literature references?

No, the 15-page limit does not include literature references. Please include literature references as endnotes.

NAS 34. Can the Investment Director role be shared between the applicant and partner agency?

We encourage governance arrangements that facilitate coordination between the Applicant and partners, but the Proposal must list a single point of contact for the HPC as the Investment Director. The Investment Director may be aligned with any organization listed on the Proposal.

NAS 35. In Attachment A, Exhibit 2 of the RFP, is the column heading “Value of Measure” to be understood as having the same meaning as “Purpose of Measure,” the column heading that appears in the sample table presented in Section V.D.3.b. (p. 13)?

Yes, these are intended to be the same fields. Please include a brief description of the purpose of the measure.

NAS 36. Is there a limit to “facility maintenance and upgrades” as seen in the example? If the physical space upgrade is approved, but the upgrade is not completed during the project window (due to DPH approval, contractors, etc.) is there a penalty, or is the check just not issued?

“Facility maintenance and upgrades” as noted in the example budget for Category A may be included as “additional support costs” eligible for HPC funding for the “Delivery-to-Discharge” portion of Category A or B Proposals. While there is no specified limit to these costs, all costs included in the Budget Proposal Response must be tied to the

Primary Aim of the Proposal and should be appropriately scaled to the scope of the proposed Initiative. All Proposals should clearly state how any proposed facility maintenance and upgrade costs will improve the quality of care. Proposals should demonstrate that any proposed facility and maintenance upgrades will be completed during the Period of Performance for the Award. Payment of Awards pursuant to this RFP will be made on a cost reimbursement basis, and the HPC may withhold reimbursement of a portion of costs for facility maintenance and upgrades until completion.

NAS 37. Is there a requirement for babies enrolled who require post-natal pharmacologic therapy?

For Category B, there is a requirement to enroll at least 50 pregnant women over the 27-month project period, but there is not a requirement to enroll a minimum number of infants. The pregnant women are the enrollees.

NAS 38. Would food provided to program participants or to staff during training be considered an allowable cost for inclusion in the Budget Proposal Response?

Yes. Food costs are allowable as a part of the proposed program design, as long as these costs are clearly specified in the budget template, and support the goals of HPC's NAS investment opportunity for supports related to helping pregnant and postpartum women engage in addiction treatment. No alcohol may be purchased with HPC funds, and HPC investment contracts will be paid on a reimbursement basis.

NAS 39. Can a vendor organization be a contractor to a partner, or must all vendors contract with the applicant?

Vendors may contract with either the Applicant or a Partner. Please list and describe any vendor expenses in the "Support Costs" section of the appropriate budget per the instructions in the Budget Proposal Response (Attachment A Exhibit 3).

NAS 40. If the vendor organization demonstrates a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution and selling a product or service can they be recognized as either as a vendor or a partner?

Yes.

NAS 41. If funds are awarded for a proposal, is there some flexibility to move funds within staff, services or contractor costs during the course of the project if needed, staying within budget?

The HPC anticipates allowing certain modifications to the budget during the course of the project, subject to HPC authorization, so long as the changes do not substantively modify the design of the program.

NAS 42. Has it already been determined how often the applicant will be paid? Will this be monthly, quarterly, etc.?

The HPC will make payments of the Award in periodic installments based on a cost reimbursement model. All payments and any Contract extensions are subject to HPC authorization, availability of funds, and HPC's determination of satisfactory performance of the Contract terms, as described in Section III.C. of the NAS Investment Opportunity RFP.

NAS 43. Instructions indicate that the Commonwealth Standard Contract Form (Attachment C, Exhibit 2 of the HCII RFP) must be signed and included with the Proposal. However, the form is blank. Does this need to be included with the Proposal, or after/if a grant is awarded?

The Applicant must submit the Standard Contract Form with the following fields completed: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. The Standard Contract Form also must be signed and dated by an authorized signatory of the Applicant. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract.

NAS 44. What is included and excluded from the page limit of the Operational Response?

All components of the Operational Response requested by the HPC must remain within the page limit. This includes the resume for the Investment Director, and any additional materials submitted in support of the Proposal (such as letters of support).

The only exclusions to this limit are the RFP attachments – the driver diagram, the performance measures template, the budget proposal response, and the mandatory contracting forms – and any literature references, which should be formatted as endnotes. The HPC will not consider additional materials that exceed the page limit for the Operational Response.

NAS 45. Should our submission be collapsed into one large PDF, or should we submit a number of separate documents?

The proposal submission should not be condensed into one PDF document. The Operational Response may be submitted in PDF format. RFP attachments – the Driver Diagram Template, the Performance Measures Template, and the Budget Proposal Response – must be submitted in their original file formats. Do not convert these documents into .PDF format. Scanned copies of signed forms are acceptable for the cover letter and the Mandatory Contracting Forms. To ensure file transmission, please limit the total email size to 5MB or send separate emails.

NAS 46. Who is able to claim indirect costs in the Budget Proposal Response?

The Applicant and Partners may include indirect costs on up to 15% of the pre-fringe personnel salaries of staff who will be participating in the Initiative. Applicants and Partners may not include indirect costs on the salaries of consultants.

NAS 47. What types of costs can we claim indirect for?

Indirect costs are only for pre-fringe personnel salaries. Indirect on Support Costs, such as Consultants/ Contractors, Technology Costs, Training Costs, and any additional costs associated with the initiative is not permitted.

- NAS 48. For some partners, we would be paying them a small amount to collect and submit data. Is it possible to show this as a “contractor cost”, or “other support cost” on the budget of the applicant, as opposed to those partners having their own budget?**

A contractor that is solely selling a product or service to an Applicant would not be considered a Partner. Consultants and other contractors who perform services for the Applicant or a Partner as part of the Initiative, but who do not meet the level of collaboration required of a Partner should be itemized as “Consultants/Contractors” on the Applicant or Partner’s tab of the Budget Proposal Response, to best reflect the anticipated contracting arrangement.

All costs associated with a Partner must be itemized in the Partner budget. As a reminder, a Partner may be any organization that provides services to the target population, or collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative or Pilot. For Category B Proposals, organizations identified as Partners in the Proposal will be evaluated by the HPC on the degree to which the partnership described demonstrates a collaborative approach to the proposed Initiative.

- NAS 49. Should the budget justification be included as "Notes" in the Budget Proposal Response Template, and not as a separate attachment or as part of the Operational Response?**

Yes. There is no Budget Narrative required in the Operational Response. The section of the Operational Response pertaining to the budget directs you to this template; therefore it is important for every line item claimed in the Budget Proposal Response to be thoroughly described in the Notes column. The Notes column may be re-sized, or you may wrap the text of the cells to include all the necessary information.

- NAS 50. Is there any need to include Preparation Period cost details in the Budget Proposal Response, since the section is aggregated?**

Yes. Please include a description of what is included in each cost category in the Notes column of the template.

- NAS 51. Once funds are awarded, how much flexibility is there for Partners to make a change to a proposed budget?**

Once the HPC has made awards and begun contracting, modifications may be made to the budget or components of the Initiative, at the discretion of the HPC.

- NAS 52. Does the Operational Response have to follow the order of the outline included in the RFP?**

No. Applicants are not required to structure the Operational Response according to the outline in the RFP. But since HPC reviewers will be tracking and scoring proposals based on the items outlined in the RFP and will be able to identify the components of Proposals more easily if they follow the outline, the HPC encourages Applicants to structure the Operational Response in the order listed in the RFP.

NAS 53. When listing Partners in the Operational Response, what role should the contact person have in the organization? Should the contact person have signing authority?

The contact person at each Partner organization does not necessarily need to have signing authority. This person should be involved in the Proposal, and will be aware of the day-to-day operations of the Initiative.

NAS 54. What are the reporting requirements if approved as an awardee?

Reporting requirements for all Awards will be determined by the HPC and the Awardee at the time of Contract execution.

NAS 55. Can HPC provide a guideline for the time commitment that it would expect from an Investment Director? Is it a whole or percent of FTE?

We cannot recommend a specific allocation of FTE for the Investment Director role as it will be dependent on the Initiatives proposed. Keep in mind that the Investment Director will have a lead role in the planning and implementation of the Initiative, so we recommend that the Applicant and Partner(s) allocate adequate time for coordinating these activities as well as coordinating performance monitoring.

NAS 56. Can HPC provide a guideline for the time commitment that it would expect from a Finance Designee? Is it a whole or percent of FTE?

Given the periodic nature of financial reporting, the HPC recommends allocating a percent FTE to this role. Note that this person will need to track and monitor all expenses to satisfy the cost-reimbursement reporting requirements for an award.

NAS 57. If we have organizations that serve as Advisory Committee members that would not receive any funding from the grant, are they still considered partners? Are they all required to submit a budget showing in-kind services, but no funding from the grant, even if the in-kind services are just the Advisory Committee participation?

Organizations that are supporting your proposed Initiative but that are not expending funds (either HPC funds or funds from other sources) do not need to submit a Partner budget. We encourage you to list all participants in the proposal and describe their role in the question pertaining to the Initiative's staffing model.

NAS 58. Must the primary aim follow the specified format? Will you accept modification to the format?

Yes, the primary aim must follow the specified format. The aim statement should be specific and measurable in the following format: We will accomplish [percent/count

change] in [specific impact measure], by [the end of the Implementation Period], for [the Target Population].

NAS 59. Should we submit a partner budget if a partner's only financial contribution will be an in-kind contribution of staff time from current staff as part of their regular work?

Yes. All in-kind donations should be included in a Partner budget. The HPC will evaluate the strength of partnership and proposed in-kind funding from the Applicant and Partners.

NAS 60. If you are a CHART grantee, may this grant initiative follow a similar group of patients to CHART but provide different services?

Yes. Please be sure to state what the need for the new services is in the target population and how your proposed Initiative will meet that need.

NAS 61. Is it possible to have 2 Investment Directors, e.g. an Investment Director and Co-Investment Director?

We encourage governance arrangements that facilitate coordination between the Applicant and Partner organizations, but the Proposal must list a single point of contact for the HPC as the Investment Director. The Investment Director may be aligned with any organization listed on the Proposal. Additionally, you may specify additional key personnel, and their roles, when describing the staffing model in the operational response.

NAS 62. Is it acceptable to use a modified version of the HPC Confidentiality and NDA?

All Applicants must sign the HPC Confidentiality and Non-Disclosure Agreement at the time of Proposal submission. An Applicant also may submit a letter noting exceptions to the HPC Confidentiality and Non-Disclosure Agreement, which the HPC may consider during the contracting process.

NAS 63. Can CHART funding be used as an in-kind contribution?

The HPC welcomes Proposals that align with, complement, or expand upon other state programs and investments. If the Proposal is intended to align with, complement, or expand upon an existing CHART Phase 2 grant from the HPC, existing CHART Phase 2 funding may be listed as "other funding sources" on either the Applicant's or a Partner's Budget Proposal Response. Please note that under no circumstances may CHART funds be repurposed from their intended use as established in the CHART Phase 2 contract documents. See FAQ response HCII 17.

NAS 64. Is there a cap on the initial HPC funding payment? Can we request an initial payment to fund the Preparation Period?

Payment of Awards will be made on a cost reimbursement basis. The HPC may make an initiation payment at the time of Contract execution to fund Awardee preparation

activities. The HPC will decide the amount of any initiation payment at the time of Contract execution.

- NAS 65. Would an Awardee have the right to publish the results of these programs in scientific journals? Section 4 of the Confidentiality and Non-Disclosure Agreement seems to infer that any publication of the results may require the approval of the HPC. Is that the case?**

Awardees may publish results of these programs. However, to the extent such a publication were to include any Confidential Information, as defined in the Confidentiality and Non-Disclosure Agreement, the Awardee would be required to obtain the approval of the HPC in advance. Awardees may not use, retain, release, publish, refer to, transfer, or disclose to any third party the Confidential Information, or any data derived or extracted from the Confidential Information, for any purpose, unless approved in advance by the HPC. The HPC may issue further guidance regarding the publication of results and other related information during the contracting process.

- NAS 66. Will an Applicant's Proposal be subject to a subsequent Freedom of Information Action (FOIA) request?**

All responses and related documents submitted in response to this RFP are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7(26).

- NAS 67. Will partner organizations be subjected to audits?**

The HPC reserves the right to conduct on-site or off-site financial monitoring reviews or audits of any Contractor or any Partner receiving funds through an HPC Innovation Investment program and/or to require a program specific financial audit.

- NAS 68. Will we receive confirmation that our Proposal has been received?**

Yes, HPC will confirm receipt of the Proposal via email. However, email confirmation of receipt of the Proposal does not indicate completeness of the Proposal or eligibility of the Applicant.

- NAS 69. Will there be an opportunity to modify the proposal after contract has been submitted?**

HPC will be evaluating Proposals as submitted by the deadline, Friday, May 13 at 3:00 PM EDT. The HPC anticipates that minor modifications to the Proposal may be made prior to Contract execution, subject to HPC authorization, so long as the changes do not substantively modify the design of the Proposal.

- NAS 70. Please clarify the reimbursement process. Will the awardee need to pay providers first and then invoice or send some type of cost report to the HPC for reimbursement?**

Yes. Each request for reimbursement submitted by an Awardee shall be accompanied by (1) the invoices for each of the amounts requisitioned, (2) proof of payment by

Awardee, and (3) any other supporting documentation and information substantiating Awardee's request for reimbursement, as the HPC may request, in a form satisfactory to the HPC.

NAS 71. It appears the budget worksheet allows for only one fringe benefit rate. Our organization has a different fringe rate for physicians than for other personnel. Are we limited to one rate, and if so, which one should we use?

The "Fringe Benefit Rate" cell in the Budget Response Template affects the calculation of other cells in the Template. Therefore, if your organization uses different fringe rates for different types of personnel, please establish a composite fringe rate for all personnel based on anticipated personnel who will staff the project and enter that composite fringe rate into the Budget Response Template.

NAS 72. Does the HPC have a DUNS number?

No, the HPC does not have a DUNS number.

NAS 73. Does the Health Policy Commission anticipate recovering funds if the target cost savings isn't met?

The HPC will make payments of the Award in periodic installments based on a cost reimbursement model. Payments will be subject to HPC's determination of satisfactory performance. The HPC reserves the right to reduce, terminate, or recover payments, in whole or in part, in the event the Awardee fails to perform Contract requirements and provide deliverables substantially as specified in the Contract or if, during the Contract term, the Awardee is determined by the HPC to be no longer qualified.

NAS 74. Is there any advantage to starting the project sooner than the 3-month Preparation Period?

No, election and/or duration of a Preparation Period are not evaluated factors in Proposal Selection.

NAS 75. Is the Investment Director meant to be an organizational leader supporting the program or a day to day contact person?

The Investment Director is the primary point of contact for the HPC and assumes responsibility for overseeing the Initiative's operations. The Investment Director must possess the clinical and operational formal authority and informal influence to implement and sustain the Initiative, but does not need to be an organizational leader.

NAS 76. Is there a way to include funds for the recruitment of additional Partners or do all the Partners need to be identified and funded in the application budget?

All Partners, and any HPC funding requested for Partners, must be described at the time of Proposal submission.

NAS 77. Are letters of support needed from Partners to an Initiative?

Letters of support are not required from Partners, but may be considered during the review committee's evaluation of Partnership and Collaboration of Category B Proposals.

NAS 78. In determining the time commitment for a Financial Designee, will there be established financial reporting tracked during the Performance Period?

The Financial Designee will be responsible for tracking all funds identified in the Budget and reporting expenditures as required by the HPC. Reporting requirements for all Awards will be determined by the HPC and the Awardee at the time of Contract execution.

NAS 79. Do we have to have 3 secondary drivers in the Driver Diagram, or could we have 2?

There are no restrictions on the number of secondary drivers depicted in the Driver Diagram. The Driver Diagram should be comprehensive and illustrate the logical flow of your Initiative.

NAS 80. What is the best way to illustrate discounts on goods or services that are offered by a partner organization to an applicant as an in-kind donation?

Goods or services provided for the Initiative by a Partner at a lower price should be represented in the following ways. Please remember that all line items included in the Budget Proposal Response should be clearly described in the Notes column.

	Applicant Tab	Partner Tab
A Partner is providing \$10,000 worth of services at a 30% discount.	TOTAL COST: \$0 HPC FUNDING: \$0 IN-KIND CONTRIBUTION: \$0	TOTAL COST: \$10,000 HPC FUNDING: \$7,000 IN-KIND CONTRIBUTION: \$3,000
A Partner that is a health technology firm is selling the Applicant \$10,000 worth of hardware at a 30% discount that the Applicant will keep after the Implementation Period is complete.	TOTAL COST: \$10,000 HPC FUNDING: \$7,000 IN-KIND CONTRIBUTION: \$0	TOTAL COST: \$0 HPC FUNDING: \$0 IN-KIND CONTRIBUTION: \$3,000

NAS 81. Is it an absolute that the Nurse Care Manager be a Registered Nurse? We are considering alternative models and supports that will achieve the desired outcomes.

The Nurse Care Manager should be a licensed nurse in the Commonwealth of Massachusetts. We will review alternative staffing models and their applicability to each Proposal.

- NAS 82. With regard to the Performance Measures Template (Attachment A, Exhibit 2), we are having difficulty identifying measures for secondary drivers. Is it expected that each secondary driver must list how it will be measured? Is it okay to include some that are not measureable?**

Alignment of the measurement plan to the proposed Initiative for performance monitoring and to the aims for outcomes assessment is an evaluative factor in selecting proposals for award. While not required, we recommend that all components of a service model, as described in a Proposal's driver diagram, be measurable. These can provide your organization insight into whether your activities are (or are not) supporting your Primary and Secondary Aims, and should inform any pivots you may want to make over the course of implementation.

- NAS 83. Regarding the HPC Confidentiality and Non-disclosure Agreement, may any designated/approved signatory sign this form, and which signature/name section should be completed (left side or right side)?**

The HPC's Confidentiality and Non-Disclosure Agreement must be signed by an authorized signatory listed on Attachment B, Exhibit 3. The authorized signatory should complete the signature section on the right side.

- NAS 84. Regarding the Commonwealth Standard Contract Form and Instructions, will any additional guidance be provided for completing this form? We have reviewed what has been provided with the attachment, but will likely have additional questions.**

Applicants should complete the following fields of the Standard Contract Form: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. Applicant also should sign and date the Standard Contract Form. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract. See FAQ response for NAS 27.

- NAS 85. What format should we use for references?**

Please include references as endnotes (per NAS 33, endnotes do not count toward the 15-page Operational Response limit)

- NAS 86. Do the Partner entities need to sign any contracting forms at this time?**

No. Applicants must submit signed copies of the mandatory forms attached to the RFPs with their Proposal, but Partners do not need to sign any of the contracting forms at this time.

Health Care Innovation Investment Program

HCII 1. Is MassHealth considered an eligible applicant (as a carrier or health plan)?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D. MassHealth is not an Eligible Entity and therefore may not participate in a Proposal as an Applicant. However, MassHealth may participate in Proposals as a Partner. Medicaid Managed Care Organizations, however, are Eligible Entities. Applicants may partner both with Eligible Entities and non-Eligible Entities.

HCII 2. Would a non-profit health care collaborative governed by providers, carriers, provider organizations, and consumers qualify as an applicant?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D. These definitions are included in the Definitions section of the RFP for your reference. Applicants may partner both with Eligible Entities and non-Eligible Entities. A non-profit health care collaborative may be a “Partner” for purposes of the RFP response.

HCII 3. Would an organization that conducts clinical education and training programs be considered an “eligible applicant”?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D. These definitions are included in the Definitions section of the RFP for your reference. Applicants may partner both with Eligible Entities and entities that are not Eligible Entities. Your organization may be a “Partner” for purposes of the RFP response.

HCII 4. If a proposal includes multi-stakeholder partners (providers, carriers or provider organizations), can the applicant be a neutral party that is not a provider or carrier, but is collectively supported by the partners for the proposed initiative?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D and cannot be a neutral third party that is not an Eligible Entity. However, an organization that is not a Provider, Provider Organization, or Carrier may be a “Partner” for purposes of the RFP response. The Investment Director, furthermore, is not required to be an employee of the Applicant.

HCII 5. Given that certain Aging Service Access Points (ASAPs) provide for Personal Care Attendant and Group Adult Foster Care, is it fair to assume that ASAPs are considered "Providers" and thereby "Eligible Entities"?

Yes. Aging Service Access Points (ASAPs) are Eligible Entities for purposes of the HCII RFP. An ASAP may be an Applicant and/or a Partner for HCII RFP.

- HCII 6. Is the HPC receiving applications from municipal ambulances for this program? If so, does OEMS agree with EMS services allowing EMTs and paramedics to be involved in care outside of 911 calls?**

Municipal ambulance organizations may participate in Proposals to HCII as an Applicant or a Partner. The HPC will be publishing selected information from submitted Letters of Intent (LOI) approximately one week after the April 8 deadline. Applicants may add additional Partners to their Proposals after submitting an LOI. The HPC cannot comment on whether EMTs and paramedics are allowed to be involved in care outside of 911. This question would more appropriately be directed to the Office of Emergency Medical Services.

- HCII 7. If my hospital has received a CHART grant, are we eligible to apply for these programs?**

Yes. Receipt of an award in CHART does not disqualify a CHART hospital from applying for HCII.

- HCII 8. Would it be considered a “partnership” for providers/systems to work more effectively with family caregivers and health proxies, or do partnerships have to be among organizational entities (for example: hospitals, carriers, employers, SNFs, or first responders)?**

No. An Applicant must identify a particular Partner or Partner that is an organization.

- HCII 9. Are non-CHART hospitals eligible for HCII?**

Yes. Both non-CHART and CHART hospitals are eligible for HCII.

- HCII 10. Are there any restrictions placed on for profit hospitals/providers applying for these awards?**

No. Both for-profit and non-profit hospitals and providers are Eligible Entities and may participate as an Applicant or a Partner in a Proposal.

- HCII 11. How should we apply the salary cap?**

There was an error in the Budget Proposal Response RFP attachment for the HCII, Telemedicine, and NAS programs. The salary cap for the purposes of all HPC investment programs is \$185,100 per Full Time Equivalent (FTE) per year. This cap is applied to pre-fringe, pre-indirect salary for the Applicant and Partner(s).

The salary cap is applied per FTE per year. For example, an employee at 1.0 FTE cannot be paid more than \$185,100 per year out of the HPC’s funds for the Initiative. An employee at 0.5 FTE cannot be paid more than \$92,550 per year out of the HPC’s funds for the Initiative (this is calculated as 0.5*\$185,100). In-kind or other funding sources may be used to augment salaries at the discretion of the Applicant or Partner(s).

The HPC at its sole discretion may grant exceptions to the salary cap on a case-by-case basis. Please indicate the desired salary in the Budget Proposal Response and note a request for an exception in the Notes column of the salary budget line.

HCII 12. If an applicant were to receive a donation of hardware, such as iPads or tablets, from a large corporation to use in the delivery of care for the innovation/pilot; is this allowed? Are there any restrictions on in-kind donations?

There are no restrictions on In-Kind or Other Funding Sources contributions. As stated in the Budget Instructions in the Budget Proposal Response, Attachment B Exhibit 3, all “in-kind contributions or funding from other sources to the proposed Initiative must be included” in the Applicant or Partner Budget worksheets, and described in detail in column P. Both types of contributions, In-Kind and Other Funding Sources, may be considered under Selection Criteria #5, “Budget and Financial Considerations.”

Please note that for purposes of evaluation, contributions of technology and equipment, whether in-kind or from other funding sources, will be treated the same as requests for HPC funding to purchase technology and equipment. Purchases and donations of these items will be assessed for effectiveness and for alignment with the proposed Initiative’s service model.

HCII 13. Would it be considered a “partnership” for providers/systems to work more effectively with family caregivers and health proxies? Or do partnerships have to be among organizational entities (hospitals, carriers, employers, SNFs, first responders)?

No. An Applicant must identify a particular Partner or Partner that is an organization.

HCII 14. If a hospital within a health system is serving as the Applicant on a proposal, do affiliates within the system count as a community partners? Are they allowed to collaborate?

An Applicant must have at least one Partner that is not corporately affiliated with the Applicant, i.e., an entity that does not have an ownership or controlling relationship or an entity that is not under common control or ownership with the Applicant. As long as an Applicant has at least one Partner that is not corporately affiliated, it may have additional Partners that are corporately affiliated, including, for example, affiliates in the same health system as the Applicant.

**Please note that this information is different from what is stated in the HCII RFP issued on March 2, 2016. The HPC will be amending the HCII RFP accordingly. This FAQ document contains the most current information and supersedes the information that is contained in the RFP issued on March 2, 2016.*

HCII 15. Can your initiative be an adaptation of a previously tested initiative? If you are adding a technology vendor, or making changes that would build off of a formerly implemented initiative, would that be eligible to be a potential initiative?

Yes. As described in the RFP, “proposed Initiatives must have been adapted from previous successful demonstrations” (RFP Section V.A, Minimum Requirements), including those from the Applicant’s or Partners’ past experience. Proposals will be evaluated, in part, based on the “strength of the proposed Initiative, its evidence base, and plan for adaptation to serve the target population,” and to continue to adapt and improve their Initiative based on targeted, regular measurement and analysis.

HCII 16. If you are making changes to the design of a previously implemented service model, does your adaptation have to align with the previous initiative's results, even though it may be changing key aspects of the model?

Proposed Initiatives may intentionally depart from previous initiatives’ approaches and results so long as Applicants describe in their Operational Response “how and why adaptations have been made from prior successful models” (RFP Section V.E.3).

HCII 17. Will you give preference to proposals that align with goals which have been previously identified as desired outcomes by other state agencies? It was mentioned in the CHART program that alignment with other simultaneous programs was beneficial for selection. Is there value in aligning this work with parallel processes at DPH or elsewhere?

The HPC welcomes Proposals that align with, complement, or expand upon other state programs and investments. As stated in the Operational Response Instructions, “to the extent that the proposed Initiative builds upon a current care delivery or payment program funded by a state or federal grant, please describe how the HCII funds would complement or expand the current activities” (RFP Section V.E.3.a). However, unlike CHART Phase 2, HCII Program’s Round 1 does not award points in evaluation specifically for alignment with ongoing investments in the Commonwealth.

HCII 18. What is the cap for overhead costs?

As stated in the Budget Instructions described Attachment B, Exhibit 3, indirect costs should not exceed 15% of pre-fringe benefit personnel costs. This is inclusive of all employed and per diem staff throughout the Period of Performance, but excludes consultant costs.

HCII 19. Could you please explain more about how "budget and financial considerations" will be evaluated and scored? Financial need is listed as a factor, but Section V.D.10 of the NAS Investment Opportunity RFP states that information on financial need is optional. How will the presence or absence of in-kind contributions affect an application?

As stated in the RFP, Budget and Financial Considerations will be evaluated for up to 15 points. The HPC will consider the financial need of the Applicant and any Partner(s) using publically available financial metrics, when evaluating Proposals. Optionally, the

Applicant may provide additional information about the financial need of itself and/or its Partners for the HPC to consider in addition to publically available information. In-kind funding is encouraged but not required for any Proposal and, with any funding from other sources, will be evaluated relative to the financial need of the Applicant and proposed Partner(s). Finally, all budget proposal responses will be evaluated for cost efficiency, appropriateness and sufficiency for the initiative as described in the Proposal.

HCII 20. Does a Partner need to be located within Massachusetts?

No. A Partner does not need to be located within Massachusetts.

HCII 21. Is any entity that has a Medicaid provider number, like a PCA or Adult Foster Care management agency, able to apply for the HCII Investment Program? What are the criteria for who is a "health care provider"? If an entity has a Medicaid billing number, is that sufficient to qualify them as a health care entity?

No. The Applicant must be a Provider, Provider Organization, or Carrier, as defined in M.G.L. c. 6D. Providers and Provider Organizations must provide health care services as defined under M.G.L. c. 6D. Personal Care Attendant management agencies, Adult Foster Care management agencies, and other entities that provide assistance with Activities of Daily Living (ADLs) and Instrumental ADLs do not provide health care services as defined in M.G.L. c. 6D. Therefore, entities with Medicaid provider billing numbers are not necessarily Eligible Entities for the purposes of this RFP.

HCII 22. Do Personal Care Attendants (PCAs) deliver health care services under the definition provided by the HPC? Are they providers?

No. Please see HCII 21, above.

HCII 23. Is it appropriate for a proposal to address multiple Round 1 Challenges for the HCII Investment Program?

As stated in Section V.A of the RFP, Applicants must select one of the eight Challenges to target with an Initiative. Applicants must identify the one Challenge in their Proposal that best describes what the proposed Initiative will be targeting. The HPC recognizes that a selected Challenge may overlap with a number of other Challenge areas, but an Applicant must select one Challenge to target with its Initiative. The evaluation of Proposals will include a review of the cost impact and secondary aims that have been identified.

HCII 24. For the Behavioral Health Integration Challenge, would the inclusion of tele-mental health or tele-behavioral health be permitted as a service model?

Yes, so long as the proposed Initiative meets other criteria.

HCII 25. Are there a minimum and/or target number of individuals that grantees need to serve during the Implementation Period?

No. However, as stated in Section IV of the RFP, magnitude of estimated health care cost savings impact on the target population specified by the Applicant is a selection criterion that the HPC will consider when evaluating Proposals.

HCII 26. If a Provider Organization submits an application for the HCII Investment Program, does that preclude an individual Provider (i.e., Hospital) within the Provider Organization from partnering with another Provider Applicant on a different Proposal?

No. There are no restrictions on the number of Applications in which entities may participate.

HCII 27. Is a Provider Organization eligible to serve as the Applicant on a Proposal, or do we need to designate a lead Provider from within the Organization?

A Provider Organization is an Eligible Entity and may serve as an Applicant on a Proposal. A Provider Organization does not need to designate a lead Provider from within the Provider Organization.

HCII 28. Can you clarify the non-corporate affiliation requirements? Specifically for a technology/service firm?

An Applicant must have at least one Partner that is not corporately affiliated with the Applicant, i.e., an entity that does not have an ownership or controlling relationship or an entity that is not under common control or ownership with the Applicant. As long as an Applicant has at least one Partner that is not corporately affiliated, it may have additional Partners that are corporately affiliated, including, for example, affiliates in the same health system as the Applicant. **Please note that this information is different from what is stated in the HCII Investment Program RFP issued on March 2, 2016. The HPC will be amending the HCII Investment Program RFP accordingly. This FAQ document contains the most current information and supersedes the information that is contained in the RFP issued on March 2, 2016.*

Entities participating as Partners, whether an Eligible Entity, non-Eligible Entity, technology or other firm, must demonstrate a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution.

HCII 29. Are sub-contractors considered Partners? Would I list sub-contractor costs on the separate Partner tabs of the Budget Proposal Response, or would they be listed within the Applicant or Partner's budget tab as "Consultants/ Contractors"?

As stated in the HCII Investment Program RFP, "A Partner may be any organization that provides one or more services to the target population, or otherwise collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative." To qualify as a Partner, the contractor must demonstrate a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution. A contractor that is solely selling a product or service to an Applicant would not be

considered a Partner and would be a Consultant or Contractor for purposes of the HCII Program. Organizations identified as Partners in the Proposal will be evaluated by the HPC on the degree to which the partnership described demonstrates a collaborative approach to the proposed Initiative. Consultants and other contractors who perform services for the Applicant in furtherance of the Initiative, but who do not meet the level of collaboration required of a Partner should be itemized as "Consultants/Contractors" on the Applicant or Partner's tab of the Budget Proposal Response in Attachment B, Exhibit 3.

HCII 30. Are there any fund-matching requirements?

No, matching funds are not required. However, as stated in Section IV of the HCII Investment Program RFP, proposed in-kind contributions and other funding sources are selection criteria that the HPC will consider, relative to the financial need of the Applicant and Partner(s), when evaluating Proposals.

HCII 31. Are hospitals that have already received CHART grants eligible to be Partners?

Yes. As stated in HCII 7 above, receipt of a CHART award does not disqualify a CHART hospital from participating in a Proposal for HCII as a Partner or an Applicant.

HCII 32. If there are Telemedicine opportunities that fall under both this and the Telemedicine Pilot, is there a preference for which grant we should apply?

No. Applicants may apply for both the HCII Investment Program and the Telemedicine Pilot Initiative. Proposed Initiatives should align with the unique goals of each program, as described in Section II.B. of each RFP.

HCII 33. If the Provider has not yet fully implemented the solution but the Partner has previously demonstrated significant cost savings elsewhere (i.e., with a different healthcare provider), could we use this as evidence to support our Proposal?

Yes. As stated in Section V.A.6 of the HCII Investment Program RFP, the Applicant's and Partners' past experience piloting an intervention may be used as evidence of successful demonstrations of cost savings to satisfy one of the RFP's minimum requirements.

HCII 34. Are university-based research institutes eligible to apply?

No. A university-based research institute may participate in an Application as a Partner.

HCII 35. Can an Applicant submit more than one Proposal?

Yes.

HCII 36. Can a technology firm be named as a "Partner?"

Yes. As stated in Section V.A of the HCII Investment Program RFP, however, to qualify as a Partner, the technology or other firm must demonstrate a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution.

HCII 37. Since for-profit technology Partners aren't eligible to serve as Applicants, would a partnership that includes a community health center as the Applicant with an academic program and a private technology partner be eligible to apply for this program?

Yes.

HCII 38. Our organization is considering proposing an Initiative focused on studying the per-patient cost of clinical and administrative changes. How should we model the cost savings to satisfy the financial impact requirement of the grant?

As stated in Section II.B of the HCII Investment Program RFP, all Proposals in HCII Round 1 should be focused on measurable, quantifiable impact on health care cost reduction achieved by the end of the Implementation Period. Additionally, as stated in Section IV of the RFP, the magnitude of estimated health care cost savings impact of the proposed Initiative is a selection criterion that the HPC will consider when evaluating Proposals.

Applicants are encouraged to use evidence and experience of past cost savings to model anticipated reduction in health care costs, such as TME, administrative costs, operating expenses, and provider price variation.

HCII 39. In regards to cost savings, how will the HPC assess the magnitude of impact? Does the agency prefer large dollar savings for Initiatives with a small and discrete target population, or smaller per person dollar savings implemented over a large target population?

At minimum, the Applicant must quantify the proposed Initiative's potential to reduce the health care costs of the target population within the Implementation Period. The most competitive Applicants will model the costs savings of the proposed Initiative on a per unit basis (e.g., per patient, per episode, per service) and as a total cost savings for the entire target population.

HCII 40. Can an Applicant submit an LOI for one Challenge (focusing on SDH, for example) and participate on additional Proposals targeting other Challenges?

Yes. There are no restrictions on the number or type of Applications in which entities may participate, either as an Applicant or a Partner.

HCII 41. What information in the LOI will be published?

To assist Applicants in developing partnerships, the HPC will publish the following fields for LOIs submitted on the HCII webpage (located under "Innovation Investments" on mass.gov/hpc) approximately one week after the LOI submission deadline: the Applicant's name, Partner organization name(s), the Challenge specified by the

Applicant, and whether the Applicant has indicated an interest in additional Partners. Should the Applicant indicate interest in additional Partners, the HPC will publish the contact information submitted on the LOI. Please note that any Eligible Entity that is a Partner named in an LOI may submit a Proposal as an Applicant.

**Please note that this information is different from what is stated in the HCII RFP issued on March 2, 2016. The HPC will be amending the HCII RFP accordingly. This FAQ document contains the most current information and supersedes the information that is contained in the RFP issued on March 2, 2016.*

HCII 42. Will the HPC respond to LOIs providing feedback to the Applicant?

No. The HPC does not intend to respond to LOI respondents with feedback or with further questions. The HPC may, at its discretion, issue guidance based on observations from LOI submissions. Applicants submitting LOIs are responsible for ensuring their LOIs and subsequent Proposals adhere to the requirements described in the HCII Investment Program RFP.

HCII 43. Are Proposals rejected at the LOI stage?

No. Applicants submitting LOIs are responsible for ensuring their LOIs and subsequent Proposals adhere to the requirements described in the HCII Investment Program RFP.

HCII 44. When do you anticipate the second round of this process taking place? Do you anticipate the investment foci being consistent between the funding rounds?

The HPC anticipates at least one subsequent round of HCII funding, but cannot yet address the timing, award amount, or foci of subsequent round(s).

HCII 45. Is the \$750,000 maximum ask for Round 1 per year or per project?

The \$750,000 cap is per Initiative.

HCII 46. If we have an evidence base for an intervention (e.g. a program for Congestive Heart Failure CHF) and we would like to propose this intervention for CHF and diabetes too in our application – is that allowed?

Yes. Please see also HCII 15 and HCII 16, above.

HCII 47. Is evidence-base important for this grant application, or can we propose building something from scratch?

Evidence base is both a minimum requirement and a selection criterion. Please see also HCII 15.

HCII 48. Does a payer need to be involved in a Proposal?

No. However, as stated in Section IV of the HCII Investment Program RFP, partnership and collaboration as well as sustainability and scalability are selection criteria that the HPC will consider when evaluating Proposals. The HPC welcomes novel approaches to partnership, especially where the Proposal demonstrates how the partnership supports achievement of the aim(s) of the Initiative, and the strategic, long-term success of sustaining the service model.

HCII 49. Does the eligible entity have to have all partners on board by LOI?

No. As stated in Section V.B of the HCII Investment Program RFP, in a Proposal, an Applicant may alter Partners from those listed in the LOI. Specifically, Applicants may add new Partners in the Proposal that were not listed in the LOI.

HCII 50. We are considering 5-6 sites across the state. Is that acceptable?

Yes. There are no restrictions on the location, size, or other characteristics of a target population. As stated in Section V.E.2. of the HCII Investment Program RFP, Applicants should describe a quantifiable target population in terms of size and factors such as geographic location, demographics, insurance coverage, service utilization statistics, health risk, or other relevant characteristics.

HCII 51. Do the health care cost savings resulting from the proposed Initiative have to be measured as part of the proposal, and completed within the performance period? While we certainly would plan to estimate the savings and have metrics to measure progress on the implementation it may be challenging to measure actual cost savings during the performance period.

The estimated health care costs savings of the proposed Initiative must be demonstrated within the 18-month Implementation Period. As stated in Section IV of the HCII Investment Program RFP, the magnitude of the estimated health care cost savings impact of the proposed Initiative within the 18-month Implementation Period is a selection criterion that the HPC will consider when evaluating Proposals.

HCII 52. Given the optional 6-month Preparation Period, do all Initiatives need to start at the same time (i.e., after 6 months) or will awardees begin implementing their Initiatives as they are ready to do so?

The timeline of a funded Initiative is independent of timelines of other Initiatives; each Initiative may have a different Implementation Period start date. An Awardee may begin immediately with the 18-month Implementation Period or may elect to begin with a Preparation Period of up to six months, prior to implementation.

HCII 53. Can you clarify the relationship of the LOI and the Proposal in regards to the application process?

In order to be eligible to submit a Proposal for the HCII Program, an Eligible Entity must submit an LOI as an Applicant or must have been listed on an LOI as a Partner. In a Proposal, an Applicant may alter Partners from those listed in the LOI. Specifically, Applicants may add new Partners in the Proposal that were not listed in the LOI. Further, Applicants are not bound by the information submitted in the LOI, including the selected Challenge, the Title of the proposed Initiative, the described Initiative, and the Estimated Funding Request, and may submit different content for the Proposal.

HCII 54. How do you conceptualize social costs, and how should those social costs be enumerated, given that some can be measured qualitatively, and some can be measured quantitatively?

The HPC recognizes that non-health care factors such as social determinants of health are correlated with health care costs. Applicants may incorporate social determinants of health by describing in their Operational Response and in Attachment B, Exhibit 1 how addressing social determinants may translate to health care cost savings within or outside of the Implementation Period and citing quantitative and/or qualitative measures for improvement of these factors. Please note that only aims that demonstrate health care cost reduction within 18 months will be evaluated as part of the impact of the proposed Initiative, as described in Section IV of the RFP.

**Please note that this information is a clarification of what is stated in the HCII RFP issued on March 2, 2016. The HPC will be amending the HCII RFP accordingly. This FAQ document contains the most current information and supersedes the information that is contained in the RFP issued on March 2, 2016.*

HCII 55. When discussing reduction of costs and THCE, what are the boundaries that you recognize for THCE? For example, would disability payments be considered part of the THCE world?

The HPC utilizes the Massachusetts Center for Health Information Analysis' definition of THCE, as described [here](#). As defined in their 2015 publication "CHIA Standard Statistics: Total Health Care Expenditures" disability payments to employees would not be encompassed in THCE.

HCII 56. As a technology vendor, can I participate in multiple proposals?

Yes. A technology vendor may participate in more than one Proposal. To participate as a "Partner" on a proposal for the HCII Program, the technology firm must demonstrate a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution. Technology or other firms solely selling a product or service to an Applicant will not be considered a Partner for the purposes of the HCII Program.

HCII 57. Is it acceptable for an Applicant to list Partners by organizational category in the LOI, rather than by name?

As specified in the RFP, an Applicant must include the names of the contemplated participating Partner(s) in the “Partner Organization Name(s)” field of the LOI web form. If an Applicant does not have a Partner it can name at the time of LOI submission, the Applicant may leave that field blank, and specify what type of Partners it seeks for the Initiative. Entities not named in an LOI may participate in Proposals as a Partner, but may not submit a Proposal as an Applicant.

HCII 58. How long should the LOI be, and how much detail are you expecting?

The Letter of Intent (LOI) is intended to be a brief summary of the Initiative. The web form includes word limits on individual questions, which will serve as a guide for the amount of detail we are seeking.

HCII 59. Is there more to the LOI requirement than to submit the form found on the HPC’s website? Do I also need to submit a detailed letter with more information?

No. The LOI requirement is complete with the Applicant’s submission of the LOI web form, found on the HCII web page, here. There is no requirement or recommendation to submit an additional letter to the HPC, and any additional materials sent to the HPC will be disregarded.

HCII 60. Will applicants be notified that their LOI has been approved?

The HPC does not intend to respond to LOI respondents. The HPC may, at its discretion, issue guidance based on observations from LOI submissions. Applicants submitting LOIs are responsible for ensuring their LOIs and subsequent Proposals adhere to the requirements described in the HCII Investment Program RFP.

HCII 61. Do partners have to be confirmed in order to be listed?

No. Additionally, please see HCII 49 for more information.

HCII 62. Can a university be a Partner?

Yes. Additionally, please see HCII 34 for more information.

HCII 63. Can expected outcomes be changed in the Proposal?

Yes. Any element of the LOI may be changed before submitting a Proposal.

HCII 64. Why aren’t you publishing the description of the service model, so that potential partners can have more information before they approach the applicant about partnering?

Service model descriptions may contain competitive information, so the HPC has decided not to publish them.

HCII 65. Who will review LOIs?

LOI content will be reviewed by HPC staff for planning purposes only. The HPC does not intend to respond to LOI respondents. The HPC may, at its discretion, issue guidance based on observations from LOI submissions. Applicants submitting LOIs are responsible for ensuring their LOIs and subsequent Proposals adhere to the requirements described in the HCII Investment Program RFP.

HCII 66. Is the LOI a mandatory step in the HCII RFP process?

Yes. In order to be eligible to submit a Proposal for the HCII Program, an Eligible Entity must submit an LOI as an Applicant or must have been listed on an LOI as a Partner. Additionally, please see HCII 53.

HCII 67. Does the contact person for potential partners have to be from the Applicant organization?

No. The Contact Information included in the LOI for potential partners does not need to be for someone within the Applicant organization. The organization or individual listed in the Applicant field, however, must be an Eligible Entity.

HCII 68. How can we check to see if we are eligible to apply?

Please refer to the definition of Eligible Entity included in Section IX of the HCII Investment Program RFP. Partners on an LOI may be either Eligible Entities or non-Eligible Entities. Additionally, please review the previous questions in this FAQ.

HCII 69. The LOI section of the RFP indicates: “intended impact.” If outcomes are not required, please clarify the intent of this statement.

As stated in section V.A of the HCII Investment Program RFP, in its Proposal, an Applicant must propose key outcomes that it seeks to achieve. The purpose of the LOI is to indicate to the HPC an Applicant’s intent to submit a Proposal. We encourage Applicants to briefly describe the outcome that it seeks to achieve in the “Description of Proposed Initiative” field in the LOI.

HCII 70. Does the Applicant need to designate a Principal Investigator?

No. The designation of a Principal Investigator is not required. The HPC requires Applicants to identify two individuals by name at the time of Proposal: the Investment Director, and the Financial Designee, defined in Section IX of the RFP.

Investment Director: Primary point of contact for the HPC, who will assume responsibility for oversight of the Initiative and will lead its implementation.

Financial Designee: Individual who will be responsible for tracking all funds identified in the Budget Proposal Response and reporting expenditures as required by the HPC.

HCII 71. Will letters of support be permitted? If so, where in the Proposal should they be included?

Letters of support will be accepted as part of an Applicant's Proposal. These materials may be included within the Operational Response, in Section V.E.6 or Section V.E.7. Please note that the Operational Response shall not exceed 15 pages.

HCII 72. May I apply for more than one of the HPC's innovation investment opportunities? Can I serve as the Applicant for one Proposal, and as a Partner on another?

Yes. There are no restrictions on the number of Proposals an Applicant or Partner may participate in, and it is possible for an Applicant or Partner to participate in more than one Proposal that receives HPC funding. While there is no restriction on the number of Proposals, however, the HPC encourages Applicants to submit their most competitive initiatives.

HCII 73. Can more than one proposal from a particular Applicant or Partner be funded?

Yes. There are no restrictions on the number of Proposals an Applicant or Partner may participate in, and it is possible for an Applicant or Partner to participate in more than one Proposal that receives HPC funding. While there is no restriction on the number of Proposals, however, the HPC encourages Applicants to submit their most competitive initiatives.

HCII 74. Can you provide guidance on how the Commonwealth Standard Contract Form should be completed?

Applicants should complete the following fields of the Standard Contract Form: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. Applicant also should sign and date the Standard Contract Form. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract.

HCII 75. Are there separate HPC Terms and Conditions in addition to what is included in Attachment C of the RFP? If so, are these included on the website to review?

In addition to the Commonwealth Terms and Conditions and Standard Contract form, there are terms and conditions specific to each investment program. Section VII of the RFP includes an overview of these terms and conditions, which will be detailed in the final contract documents after the HPC has made awards.

HCII 76. Is the full Proposal submitted electronically on the HPC site? By hard copy? Or both?

As specified in the RFP, Applicants must submit one (1) electronic copy of all Proposal materials to the HPC to HPC-Innovation@state.ma.us no later than the deadline. Hard copies will not be accepted by the HPC.

HCII 77. Will any part of the full Proposal be publically posted, short of a public records request?

No. The HPC may aggregate descriptive information about submissions for the purposes of presenting a process update to its board, but does not intend to publish Proposals.

HCII 78. Does the 15 page limit for the Operational Response include literature references?

No, the 15-page limit does not include literature references. Please include literature references as endnotes.

HCII 79. Can you provide guidance on formatting preferences for the Proposal?

We encourage Applicants to submit the Operational Response for Proposals using single spaced, Times New Roman font, with a minimum margin size of ¾ inch and a minimum font size of 11. As stated in the RFP the Operational Response shall not exceed 15 pages. The Driver Diagram, Performance Measures Plan and Budget Proposal Response should be completed in the template format provided in the RFP attachments.

HCII 80. If I am interested in including information within my Proposal that was not specifically mentioned in the RFP, may I attach documents as appendices to my Operational Response?

Yes, the Applicant may submit additional materials in support of the Proposal but the HPC will not consider additional materials that exceed the 15-page limit for the Operational Response.

HCII 81. Can the Investment Director role be shared between the applicant and partner agency?

We encourage governance arrangements that facilitate coordination between the Applicant and partners, but the Proposal must list a single point of contact for the HPC as the Investment Director. The Investment Director may be aligned with any organization listed on the Proposal.

HCII 82. In Attachment B, Exhibit 2 of the RFP, is the column heading “Value of Measure” to be understood as having the same meaning as “Purpose of Measure,” the column heading that appears in the sample table presented in Section V.D.3.b. (p. 13)?

Yes, these are intended to be the same fields. Please include a brief description of the purpose of the measure.

HCII 83. Can a vendor organization be a contractor to a partner, or must all vendors contract with the applicant?

Vendors may contract with either the Applicant or a Partner. Please list and describe any vendor expenses in the “Support Costs” section of the appropriate budget per the instructions in the Budget Proposal Response (Attachment B Exhibit 3).

HCII 84. If the vendor organization demonstrates a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution and selling a product or service can they be recognized as either as a vendor or a partner?

Yes.

HCII 85. If funds are awarded for a proposal, is there some flexibility to move funds within staff, services or contractor costs during the course of the project if needed, staying within budget?

The HPC anticipates allowing certain modifications to the budget during the course of the project, subject to HPC authorization, so long as the changes do not substantively modify the design of the program.

HCII 86. Has it already been determined how often the applicant will be paid? Will this be monthly, quarterly, etc.?

The HPC will make payments of the Award in periodic installments based on a cost reimbursement model. All payments and any Contract extensions are subject to HPC authorization, availability of funds, and HPC's determination of satisfactory performance of the Contract terms, as described in Section III.C. of the HCII Investment Program RFP.

HCII 87. In making grant decisions, does HPC have minimum (or maximum) funding amounts for the different Challenge categories?

No. The HPC will make funding decisions consistent with the selection criteria and the Program Goal of reducing health care costs within the Commonwealth. As described in Section VI.D.5. of the HCII Investment Program RFP, recommendations for Awards will be made based on the availability of funds, the degree to which an Applicant meets criteria described in the HCII Investment Program RFP, and the best value overall, in order to achieve the Commonwealth's and the HPC's goals for HCII Round 1 Investments.

HCII 88. Is there an opportunity to submit proposals even after missing the deadline for submission of Letters of Intent?

No. If an entity did not submit an LOI as an Applicant or is not named on an LOI as a Partner, that entity may not serve as the Applicant for a Proposal. However, if an entity did not submit an LOI as an Applicant and is not named on an LOI as a Partner, that entity may still participate as a Partner on a Proposal. A list of entities, and the contact information for those seeking additional partnership, can be found in the HCII Round 1 LOI submissions publication on the HPC's website.

HCII 89. Instructions indicate that the Commonwealth Standard Contract Form (Attachment C, Exhibit 2 of the HCII RFP) must be signed and included with the Proposal. However, the form is blank. Does this need to be included with the Proposal, or after/if a grant is awarded?

The Applicant must submit the Standard Contract Form with the following fields completed: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. The Standard Contract Form also must be signed and dated by an authorized signatory of the Applicant. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract.

HCII 90. What is included and excluded from the 15-page limit of the Operational Response?

All components of the Operational Response requested by the HPC must remain within the 15-page limit. This includes the resume for the Investment Director, and any additional materials submitted in support of the Proposal (such as letters of support). The only exclusions to this 15-page limit are the RFP attachments – the driver diagram, the performance measures template, the budget proposal response, and the mandatory contracting forms – and any literature references, which should be formatted as endnotes. The HPC will not consider additional materials that exceed the 15-page limit for the Operational Response.

HCII 91. Should our submission be collapsed into one large PDF, or should we submit a number of separate documents?

The proposal submission should not be condensed into one PDF document. The Operational Response may be submitted in PDF format. RFP attachments – the Driver Diagram Template, the Performance Measures Template, and the Budget Proposal Response – must be submitted in their original file formats. Do not convert these documents into .PDF format. Scanned copies of signed forms are acceptable for the cover letter and the Mandatory Contracting Forms. To ensure file transmission, please limit the total email size to 5MB or send separate emails.

HCII 92. Who is able to claim indirect costs in the Budget Proposal Response?

The Applicant and Partners may include indirect costs on up to 15% of the pre-fringe personnel salaries of staff who will be participating in the Initiative. Applicants and Partners may not include indirect costs on the salaries of consultants.

HCII 93. What types of costs can we claim indirect for?

Indirect costs are only for pre-fringe personnel salaries. Indirect on Support Costs, such as Consultants/ Contractors, Technology Costs, Training Costs, and any additional costs associated with the initiative is not permitted.

HCII 94. For some partners, we would be paying them a small amount to collect and submit data. Is it possible to show this as a “contractor cost”, or “other support cost” on the budget of the applicant, as opposed to those partners having their own budget?

A contractor that is solely selling a product or service to an Applicant would not be considered a Partner. Consultants and other contractors who perform services for the Applicant or a Partner as part of the Initiative, but who do not meet the level of

collaboration required of a Partner should be itemized as “Consultants/Contractors” on the Applicant or Partner’s tab of the Budget Proposal Response, to best reflect the anticipated contracting arrangement.

All costs associated with a Partner must be itemized in the Partner budget. As a reminder, a Partner may be any organization that provides services to the target population, or collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative or Pilot. Organizations identified as Partners in the Proposal will be evaluated by the HPC on the degree to which the partnership described demonstrates a collaborative approach to the proposed Initiative.

HCII 95. Should the budget justification be included as "Notes" in the Budget Proposal Response Template, and not as a separate attachment or as part of the 15-page Operational Response?

Yes. There is no Budget Narrative required in the Operational Response. The section of the operational response pertaining to the budget directs you to this template; therefore it is important for every line item claimed in the budget proposal response to be thoroughly described in the Notes column. The Notes column may be re-sized, or you may wrap the text of the cells to include all the necessary information.

HCII 96. Is there any need to include Preparation Period cost details in the Budget Proposal Response, since the section is aggregated?

Yes. Please include a description of what is included in each cost category in the Notes column of the template.

HCII 97. Once funds are awarded, how much flexibility is there for Partners to make a change to a proposed budget?

Once the HPC has made awards and begun contracting, modifications may be made to the budget or components of the Initiative, at the discretion of the HPC.

HCII 98. Does the Operational Response have to follow the order of the outline included in the RFP?

No. Applicants are not required to structure the Operational Response according to the outline in the RFP. But since HPC reviewers will be tracking and scoring proposals based on the items outlined in the RFP and will be able to identify the components of Proposals more easily if they follow the outline, the HPC encourages Applicants to structure the Operational Response in the order listed in the RFP.

HCII 99. When listing Partners in the Operational Response, what role should the contact person have in the organization? Should the contact person have signing authority?

The contact person at each Partner organization does not necessarily need to have signing authority. This person should be involved in the Proposal, and will be aware of the day-to-day operations of the Initiative.

HCII 100. What are the reporting requirements if approved as an awardee?

Reporting requirements for all Awards will be determined by the HPC and the Awardee at the time of Contract execution.

HCII 101. Can HPC provide a guideline for the time commitment that it would expect from an Investment Director? Is it a whole or percent of FTE?

We cannot recommend a specific allocation of FTE for the Investment Director role as it will be dependent on the Initiatives proposed. Keep in mind that the Investment Director will have a lead role in the planning and implementation of the Initiative, so we recommend that the Applicant and Partner(s) allocate adequate time for coordinating these activities as well as coordinating performance monitoring.

HCII 102. Can HPC provide a guideline for the time commitment that it would expect from a Finance Designee? Is it a whole or percent of FTE?

Given the periodic nature of financial reporting, the HPC recommends allocating a percent FTE to this role. Note that this person will need to track and monitor all expenses to satisfy the cost-reimbursement reporting requirements for an award.

HCII 103. If we have organizations that serve as Advisory Committee members that would not receive any funding from the grant, are they still considered partners? Are they all required to submit a budget showing in-kind services, but no funding from the grant, even if the in-kind services are just the Advisory Committee participation?

Organizations that are supporting your proposed Initiative but that are not expending funds (either HPC funds or funds from other sources) do not need to submit a Partner budget. We encourage you to list all participants in the proposal and describe their role in the question pertaining to the Initiative's staffing model.

HCII 104. Must the primary aim follow the specified format? Will you accept modification to the format?

Yes, the primary aim must follow the specified format. The aim statement should be specific and measurable in the following format: We will accomplish [percent/count change] in [specific impact measure], by [the end of the Implementation Period], for [the Target Population].

HCII 105. Should we submit a Partner budget if a Partner's only financial contribution will be an in-kind contribution of staff time from current staff as part of their regular work?

Yes. All in-kind donations should be included in a Partner budget. The HPC will evaluate the strength of partnership and proposed in-kind funding from the Applicant and Partners.

HCII 106. If you are a CHART grantee, may this grant initiative follow a similar group of patients to CHART but provide different services?

Yes. Please be sure to state what the need for the new services is in the target population and how your proposed Initiative will meet that need.

HCII 107. Is it possible to have 2 Investment Directors, e.g. an Investment Director and Co-Investment Director?

We encourage governance arrangements that facilitate coordination between the Applicant and Partner organizations, but the Proposal must list a single point of contact for the HPC as the Investment Director. The Investment Director may be aligned with any organization listed on the Proposal. Additionally, you may specify additional key personnel, and their roles, when describing the staffing model in the operational response.

HCII 108. Is it acceptable to use a modified version of the HPC Confidentiality and NDA?

All Applicants must sign the HPC Confidentiality and Non-Disclosure Agreement at the time of Proposal submission. An Applicant also may submit a letter noting exceptions to the HPC Confidentiality and Non-Disclosure Agreement, which the HPC may consider during the contracting process.

HCII 109. Can CHART funding be used as an in-kind contribution?

The HPC welcomes Proposals that align with, complement, or expand upon other state programs and investments. If the Proposal is intended to align with, complement, or expand upon an existing CHART Phase 2 grant from the HPC, existing CHART Phase 2 funding may be listed as “other funding sources” on either the Applicant’s or a Partner’s Budget Proposal Response. Please note that under no circumstances may CHART funds be repurposed from their intended use as established in the CHART Phase 2 contract documents. See FAQ response HCII 17.

HCII 110. Do the Partner entities need to sign any contracting forms at this time?

No. Applicants must submit signed copies of the mandatory forms attached to the RFPs with their Proposal, but Partners do not need to sign any of the contracting forms at this time.

HCII 111. Is there a cap on the initial HPC funding payment? Can we request an initial payment to fund the Preparation Period?

Payment of Awards will be made on a cost reimbursement basis. The HPC may make an initiation payment at the time of Contract execution to fund Awardee preparation activities. The HPC will decide the amount of any initiation payment at the time of Contract execution.

HCII 112. Would an Awardee have the right to publish the results of these programs in scientific journals? Section 4 of the Confidentiality and Non-Disclosure Agreement seems to

infer that any publication of the results may require the approval of the HPC. Is that the case?

Awardees may publish results of these programs. However, to the extent such a publication were to include any Confidential Information, as defined in the Confidentiality and Non-Disclosure Agreement, the Awardee would be required to obtain the approval of the HPC in advance. Awardees may not use, retain, release, publish, refer to, transfer, or disclose to any third party the Confidential Information, or any data derived or extracted from the Confidential Information, for any purpose, unless approved in advance by the HPC. The HPC may issue further guidance regarding the publication of results and other related information during the contracting process.

HCII 113. Will an Applicant's Proposal be subject to a subsequent Freedom of Information Action (FOIA) request?

All responses and related documents submitted in response to this RFP are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7(26).

HCII 114. Will partner organizations be subjected to audits?

The HPC reserves the right to conduct on-site or off-site financial monitoring reviews or audits of any Contractor or any Partner receiving funds through an HPC Innovation Investment program and/or to require a program specific financial audit.

HCII 115. Will we receive confirmation that our Proposal has been received?

Yes, HPC will confirm receipt of the Proposal via email. However, email confirmation of receipt of the Proposal does not indicate completeness of the Proposal or eligibility of the Applicant.

HCII 116. Will there be an opportunity to modify the proposal after contract has been submitted?

HPC will be evaluating Proposals as submitted by the deadline, Friday, May 13 at 3:00 PM EDT. The HPC anticipates that minor modifications to the Proposal may be made prior to Contract execution, subject to HPC authorization, so long as the changes do not substantively modify the design of the Proposal.

HCII 117. Please clarify the reimbursement process. Will the awardee need to pay providers first and then invoice or send some type of cost report to the HPC for reimbursement?

Yes. Each request for reimbursement submitted by an Awardee shall be accompanied by (1) the invoices for each of the amounts requisitioned, (2) proof of payment by Awardee, and (3) any other supporting documentation and information substantiating Awardee's request for reimbursement, as the HPC may request, in a form satisfactory to the HPC.

- HCII 118. It appears the budget worksheet allows for only one fringe benefit rate. Our organization has a different fringe rate for physicians than for other personnel. Are we limited to one rate, and if so, which one should we use?**

The “Fringe Benefit Rate” cell in the Budget Response Template affects the calculation of other cells in the Template. Therefore, if your organization uses different fringe rates for different types of personnel, please establish a composite fringe rate for all personnel based on anticipated personnel who will staff the project and enter that composite fringe rate into the Budget Response Template.

- HCII 119. Does the HPC have a DUNS number?**

No, the HPC does not have a DUNS number.

- HCII 120. How ambitious or conservative should Applicants be in estimating the likely cost savings described in the primary AIM?**

Applicants should estimate cost savings that are evidence-based and align with the measurement plan for performance monitoring and outcomes assessment. The review committee will evaluate the magnitude of the estimated health care cost savings impact of the proposed Initiative as well as the feasibility and efficacy of the Proposal in meeting the goals of the RFP.

- HCII 121. Does the Health Policy Commission anticipate recovering funds if the cost savings target isn't met?**

The HPC will make payments of the Award in periodic installments based on a cost reimbursement model. Payments will be subject to HPC’s determination of satisfactory performance. The HPC reserves the right to reduce, terminate, or recover payments, in whole or in part, in the event the Awardee fails to perform Contract requirements and provide deliverables substantially as specified in the Contract or if, during the Contract term, the Awardee is determined by the HPC to be no longer qualified.

- HCII 122. Is there any advantage to starting the project sooner than the 6-month Preparation Period?**

No, election and/or duration of a Preparation Period are not evaluated factors in Proposal Selection.

- HCII 123. Can we combine 2 primary aims that have same goals (reduce hospital and ED visits, for example) and same primary and secondary drivers, and submit one driver diagram?**

Yes. As stated in the RFP, the primary aim should address health care cost reduction, in the form of reductions in TME or operating expenses, as described in Section V.E.2.d., whether derived from one measure, or encompassed in a combination of measures with variable reduction goals, as long as all measures in the aim statement are specific and feasible.

HCII 124. Is the Investment Director meant to be an organizational leader supporting the program or a day to day contact person?

The Investment Director is the primary point of contact for the HPC and assumes responsibility for overseeing the Initiative's operations. The Investment Director must possess the clinical and operational formal authority and informal influence to implement and sustain the Initiative, but does not need to be an organizational leader.

HCII 125. Is there a way to include funds for the recruitment of additional Partners or do all the Partners need to be identified and funded in the application budget?

All Partners, and any HPC funding requested for Partners, must be described at the time of Proposal submission.

HCII 126. Are letters of support needed from Partners to an Initiative?

Letters of support are not required from Partners, but may be considered during the review committee's evaluation of Partnership and Collaboration of the Proposal.

HCII 127. In determining the time commitment for a Financial Designee, will there be established financial reporting tracked during the Performance Period?

The Financial Designee will be responsible for tracking all funds identified in the Budget and reporting expenditures as required by the HPC. Reporting requirements for all Awards will be determined by the HPC and the Awardee at the time of Contract execution.

HCII 128. Do we have to have 3 secondary drivers in the Driver Diagram, or could we have 2?

There are no restrictions on the number of secondary drivers depicted in the Driver Diagram. The Driver Diagram should be comprehensive and illustrate the logical flow of your Initiative.

HCII 129. What is the best way to illustrate discounts on goods or services that are offered by a partner organization to an applicant as an in-kind donation?

Goods or services provided for the Initiative by a Partner at a lower price should be represented in the following ways. Please remember that all line items included in the Budget Proposal Response should be clearly described in the Notes column.

	Applicant Tab	Partner Tab
A Partner is providing \$10,000 worth of services at a 30% discount.	TOTAL COST: \$0 HPC FUNDING: \$0 IN-KIND CONTRIBUTION: \$0	TOTAL COST: \$10,000 HPC FUNDING: \$7,000 IN-KIND CONTRIBUTION: \$3,000

A Partner that is a health technology firm is selling the Applicant \$10,000 worth of hardware at a 30% discount that the Applicant will keep after the Implementation Period is complete.	TOTAL COST: \$10,000 HPC FUNDING: \$7,000 IN-KIND CONTRIBUTION: \$0	TOTAL COST: \$0 HPC FUNDING: \$0 IN-KIND CONTRIBUTION: \$3,000

HCII 130. In FAQ HCII 20, the HPC advised that a Partner can be located outside of Massachusetts. Can the Applicant’s quantifiable target population reside outside of Massachusetts?

No. The goal of the HCII program is to reduce health care cost growth within the Commonwealth of Massachusetts while maintaining or improving quality, access, and Provider experience. To demonstrate that an initiative is capable of achieving this goal, the Applicant must quantify the proposed Initiative’s potential to reduce the health care costs of the target population. A target population outside of Massachusetts would not meet the scope of this program.

HCII 131. In the Budget Proposal Response, how many months will the HCII Period of Performance be?

The Period of Performance includes the 18-month Implementation Period and the optional Planning Period, which ranges from 0-6 months, as preferred by the Applicant. If an Applicant chooses not to include a Planning Period, your budget should enumerate all costs for the 18-month Implementation Period. If you choose to utilize the Planning Period, your Period of Performance will range from 18- to 24-months.

HCII 132. With regard to the Performance Measures Template (Attachment B, Exhibit 2), we are having difficulty identifying measures for secondary drivers. Is it expected that each secondary driver must list how it will be measured? Is it okay to include some that are not measureable?

Alignment of the measurement plan to the proposed Initiative for performance monitoring and to the aims for outcomes assessment is an evaluative factor in selecting proposals for award. While not required, we recommend that all components of a service model, as described in a Proposal’s driver diagram, be measurable. These can provide your organization insight into whether your activities are (or are not) supporting your Primary and Secondary Aims, and should inform any pivots you may want to make over the course of implementation.

- HCII 133. Can you clarify this statement in the RFP: “Applicant must also briefly describe how these cost reductions may translate to a reduction in the THCE within or outside of the Implementation Period”?**

Many types of health care cost reductions directly translate to reductions in THCE, though we know this is not the case for all types (see CHIA’s definition of THCE [here](#)). We are interested in understanding how your proposed initiative may result in THCE savings, even if they are projected to occur outside of the 18-month implementation period.

- HCII 134. Regarding the HPC Confidentiality and Non-disclosure Agreement, may any designated/approved signatory sign this form, and which signature/name section should be completed (left side or right side)?**

The HPC’s Confidentiality and Non-Disclosure Agreement must be signed by an authorized signatory listed on Attachment C, Exhibit 3. The authorized signatory should complete the signature section on the right side.

- HCII 135. Regarding the Commonwealth Standard Contract Form and Instructions, will any additional guidance be provided for completing this form? We have reviewed what has been provided with the attachment, but will likely have additional questions.**

Applicants should complete the following fields of the Standard Contract Form: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. Applicant also should sign and date the Standard Contract Form. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract. See FAQ response for HCII 74.

- HCII 136. Can the HCII proposal incorporate / impact or enhance AIM statement of an existing CHART 2 program? For example, if CHART 2 grant is aimed at reducing ED recidivism can proposed HCII initiative incorporate that same goal into its AIM or secondary AIM statement?**

Yes, the HPC welcomes Proposals that align with, complement, or expand upon CHART Phase 2 investments, including alignment of primary and secondary aims. A description should be provided for any CHART Phase 2 funds, including how the HCII funds would complement or expand the current activities. Please note that under no circumstances may CHART funds be repurposed from their intended use as established in the CHART Phase 2 contract documents.

- HCII 137. If you start your project after a four-month Preparation Period, rather than six, what is supposed to ensue in the last two months?**

The timeline of a funded Initiative is independent of timelines of other Initiatives; each Initiative may have a different Implementation Period start date. In this example, an Awardee may begin the Implementation Period after four months of planning and continue that Implementation period for 18 months.

HCII 138. What format should we use for evidence-base references?

Please include references as endnotes (per HCII 78, endnotes do not count toward the 15-page Operational Response limit).

HCII 139. Regarding your recent guidance on appropriate innovations, can you say more about whether applications to replicate and extend protocols with research support will be considered? If, for example, the extension is to apply a demonstrated data-driven method to a new population?

Proposals to replicate and extend protocols with research support, including the extension to a new population, are consistent with the types of initiatives the HPC seeks to fund through HCII Round 1.

Telemedicine Pilot Initiative

TM 1. Is MassHealth considered an eligible applicant (as a carrier or health plan)?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D. MassHealth is not an Eligible Entity and therefore may not participate in a Proposal as an Applicant. However, MassHealth may participate in Proposals as a Partner. Medicaid Managed Care Organizations, however, are Eligible Entities. Applicants may partner both with Eligible Entities and non-Eligible Entities.

TM 2. Would a non-profit health care collaborative governed by providers, carriers, provider organizations, and consumers qualify as an applicant?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D. These definitions are included in the Definitions section of the RFP for your reference. Applicants may partner both with Eligible Entities and non-Eligible Entities. A non-profit health care collaborative may be a “Partner” for purposes of the RFP response.

TM 3. Would an organization that conducts clinical education and training programs be considered an “eligible applicant”?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D. These definitions are included in the Definitions section of the RFP for your reference. Applicants may partner both with Eligible Entities and entities that are not Eligible Entities. Your organization may be a “Partner” for purposes of the RFP response.

TM 4. If a proposal includes multi-stakeholder partners (providers, carriers or provider organizations), can the applicant be a neutral party that is not a provider or carrier, but is collectively supported by the partners for the proposed initiative?

No. The Applicant must be a Provider, Provider Organization, or Carrier (“Eligible Entity”), as defined in M.G.L. c. 6D and cannot be a neutral third party that is not an Eligible Entity. However, an organization that is not a Provider, Provider Organization, or Carrier may be a “Partner” for purposes of the RFP response. The Investment Director, furthermore, is not required to be an employee of the Applicant.

TM 5. Given that certain Aging Service Access Points (ASAPs) provide for Personal Care Attendant and Group Adult Foster Care, is it fair to assume that ASAPs are considered "Providers" and thereby "Eligible Entities"?

Yes. Aging Service Access Points (ASAPs) are Eligible Entities for purpose of the Telemedicine RFP. An ASAP may be an Applicant and/or a Partner for the Telemedicine RFP.

TM 6. If my hospital has received a CHART grant, are we eligible to apply for these programs?

Yes. Receipt of an award in CHART does not disqualify a CHART hospital from applying for Telemedicine.

TM 7. Does a community hospital with a teaching program qualify as a Teaching Hospital?

No. A community hospital with a teaching program does not qualify as a Teaching Hospital for the purposes of the Telemedicine Pilot Initiative. Teaching Hospital is defined as an Acute Hospital that has at least 25 full-time equivalent interns or resident per 100 inpatient beds, as determined by the Center of Health Information and Analysis. This includes Academic Medical Centers.

TM 8. Can the teaching hospital involved in the proposal not be Massachusetts-based? For example, would a teaching hospital in a neighboring state such as Rhode Island be eligible to serve in an advisory capacity?

No. The Teaching Hospital must be located in Massachusetts.

TM 9. Would it be considered a “partnership” for providers/systems to work more effectively with family caregivers and health proxies, or do partnerships have to be among organizational entities (for example: hospitals, carriers, employers, SNFs, or first responders)?

No. An Applicant must identify a particular Partner or Partner that is an organization.

TM 10. Are non-CHART hospitals eligible for the Telemedicine Pilot?

Yes. Both non-CHART and CHART hospitals are eligible for the Telemedicine Pilot.

TM 11. Are there any restrictions placed on for profit hospitals/providers applying for these awards?

No. Both for-profit and non-profit hospitals and providers are Eligible Entities and may participate as an Applicant or a Partner in a Proposal.

TM 12. How should we apply the salary cap?

There was an error in the Budget Proposal Response RFP attachment for the HCII, Telemedicine, and NAS programs. The salary cap for the purposes of all HPC investment programs is \$185,100 per Full Time Equivalent (FTE) per year. This cap is applied to pre-fringe, pre-indirect salary for the Applicant and Partner(s).

The salary cap is applied per FTE per year. For example, an employee at 1.0 FTE cannot be paid more than \$185,100 per year out of the HPC’s funds for the Initiative. An employee at 0.5 FTE cannot be paid more than \$92,550 per year out of the HPC’s funds

for the Initiative (this is calculated as $0.5 \times \$185,100$). In-kind or other funding sources may be used to augment salaries at the discretion of the Applicant or Partner(s).

The HPC at its sole discretion may grant exceptions to the salary cap on a case-by-case basis. Please indicate the desired salary in the Budget Proposal Response and note a request for an exception in the Notes column of the salary budget line.

TM 13. What is the cap for overhead costs?

As stated in the Budget Instructions described Attachment B, Exhibit 3, indirect costs should not exceed 15% of pre-fringe benefit personnel costs. This is inclusive of all employed and per diem staff throughout the Period of Performance, but excludes consultant costs.

TM 14. Could you please explain more about how "budget and financial considerations" will be evaluated and scored? Financial need is listed as a factor, but Section V.D.10 of the NAS Investment Opportunity RFP states that information on financial need is optional. How will the presence or absence of in-kind contributions affect an application?

As stated in the RFP, Budget and Financial Considerations will be evaluated for up to 15 points. The HPC will consider the financial need of the Applicant and any Partner(s) using publically available financial metrics, when evaluating Proposals. Optionally, the Applicant may provide additional information about the financial need of itself and/or its Partners for the HPC to consider in addition to publically available information. In-kind funding is encouraged but not required for any Proposal and, with any funding from other sources, will be evaluated relative to the financial need of the Applicant and proposed Partner(s). Finally, all budget proposal responses will be evaluated for cost efficiency, appropriateness and sufficiency for the initiative as described in the Proposal.

TM 15. What are examples of telemedicine that are deemed most appropriate for the Telemedicine Investment Opportunity?

Telemedicine models must enhance access to Behavioral Health care for one of the following populations: Children and Adolescents; Older Adults aging in place; Individuals with Substance Use Disorders. While Telemedicine has a number of applications, the HPC does not endorse one type of application over another. Some uses of Telemedicine involve direct interaction between the Provider and patient, while others such as remote monitoring involve passively collecting patients' data wherever they may be sending the information for Provider evaluation. Still others emphasize care coordination and workflow enhancements among Providers, who use the technology for electronic consultations in lieu of patient referrals. It is up to the Applicant to choose the best application of Telemedicine for its proposed Pilot. As stated in Section IV of the Telemedicine Pilot Initiative RFP, magnitude of estimated impact of the proposed Pilot within the Implementation Period on meeting the Behavioral Health access needed for the target population specified by the Applicant is a selection criterion that the HPC will consider when evaluating Proposals. Examples of telemedicine applications can be found in Section I of the Telemedicine Pilot Initiative RFP.

TM 16. Where would we find the previously successful pilots that could be used as a model?

Evidence of implemented Pilots and lessons learned may be found in primary literature, published case studies, or the Applicant's and/or Partner's prior experience with Telemedicine. Many foundations and organizations have toolkits and recommendations for how to design a telemedicine-based health care service. The HPC does not endorse specific approaches. However, a few resources may be found [here](#) under "*Where can I learn about designing a telemedicine pilot?*"

TM 17. I am interested in using telemedicine with parents to improve the access to behavioral health care for children. Would this be appropriate for the Pilot?

Yes. Telemedicine models that increase access to Behavioral Health care for any of three population groups listed in Section I of the Telemedicine Pilot Initiative RFP are acceptable. This includes models of care that involve primary caregivers of the patient.

TM 18. If the Applicant has not yet fully implemented the solution, but a proposed Partner has previously demonstrated significant impact elsewhere (i.e., with a different healthcare provider), could we use this as evidence to support our proposal?

Yes. The Applicant may replicate and use past successful Behavioral Health expansion implementations from Partner organizations as evidence to support its Proposal.

TM 19. Is a letter of intent (LOI) required for the Telemedicine Pilot Initiative?

No. A letter of intent is not required for the Telemedicine Pilot Initiative RFP.

TM 20. Given the focus on Behavioral Health for this Pilot, is a Behavioral Health diagnosis required? Is a Behavioral Health provider required?

A Behavioral Health diagnosis is not required. The HPC will evaluate Proposals on their ability to increase access to health care services related to the diagnosis or treatment of mental illness, emotional disorders or Substance Use Disorders, and the application of Behavioral Health principles to address lifestyle and health risk issues. Further, a Behavioral Health Provider is NOT required to be the Applicant or Partner, but Entities must seek to partner together for the Pilot to effectively address the Behavioral Health needs of the target population(s).

TM 21. Can the telemedicine intervention be performed by a multidisciplinary primary care team to support patients with chronic diseases and depression, or to provide wellness and stress management for women?

The Telemedicine intervention may be performed by a multidisciplinary primary care team; however, the intervention must address one of the following identified population groups: Children and Adolescents, Older Adults aging in place, and Individuals with Substance Use Disorders.

TM 22. If the focus is on depression or prevention/management support of stress, with the option to refer to a co-located Behavioral Health team, would that meet the criteria?

Yes. As long as the prevention/management telemedicine initiative is targeting one or more of the population groups listed in Section I of the Telemedicine Pilot Initiative RFP, this would meet the criteria.

TM 23. Do you have any guidance on the billing and return on investment (ROI) for telemedicine services?

The HPC cannot offer specific guidance on billing for telemedicine services or on ROI. However, some resources are available for further guidance on our website [here](#) under *“Where can I learn about designing a telemedicine pilot?”*

TM 24. Are there any populations that are excluded from the Telemedicine Pilot Initiative?

The Applicant must focus on one or more of the following population groups within the Commonwealth of Massachusetts: Children and Adolescents, Older Adults aging in place, and Individuals with Substance Use Disorders. The Applicant must further define and describe the quantifiable target population based on size and factors such as a geographic location, demographics, insurance coverage, service utilization statistics, health risk, or other relevant characteristics.

TM 25. Is evidence base important for the Telemedicine Pilot Initiative or can we propose building something from scratch?

Though the adoption has been limited in Massachusetts, Telemedicine has substantial existing evidence that supports its use. Therefore, it is important that the Applicant research and cite evidence of the effectiveness of past implementations in its Proposal. Past implementations may be from sources outside of or within Massachusetts. As stated in Section IV of the Telemedicine Pilot Initiative RFP, strength of the proposed Pilot’s evidence base is a selection criterion that the HPC will consider when evaluating Proposals.

TM 26. Could you clarify the role of the Teaching Hospital in the Telemedicine Pilot Initiative? Is it acceptable for the Teaching Hospital to assume solely an advisory role?

As stated in the Telemedicine Pilot Initiative RFP, Teaching Hospital participation is required for the Pilot. However, the role of the Teaching Hospital may vary at the discretion of the Applicant and potential Partners. A Teaching Hospital may be the Applicant for the Pilot, may deliver direct services as a Partner of the Proposal, or may serve in an advisory capacity to inform program design or assist with Pilot implementation. An Applicant must clearly describe the role of the Teaching Hospital in its Proposal.

TM 27. What is the rationale for requiring the participation of a teaching hospital in the Telemedicine Pilot Initiative?

Section 161 of Chapter 46 of the Acts of 2015 directs the HPC to implement a Telemedicine Pilot program that shall “facilitate collaboration between participating community providers and teaching hospitals.” The role of the Teaching Hospital may vary at the discretion of the Applicant and potential Partners. A Teaching Hospital may be the Applicant for the Pilot, may deliver services as a Partner of the Proposal, or may serve in an advisory capacity to inform program design or assist with implementation. An Applicant must clearly describe the role of the Teaching Hospital in its Proposal.

TM 28. Can the target population for a Proposal be limited to a specific geographic area, or must all residents of the Commonwealth who fall within that target population be impacted?

The Telemedicine Pilot Initiative RFP identifies three population groups that would benefit from enhanced access to behavioral health care: Children and Adolescents, Older Adults aging in place, and Individuals with Substance Use Disorder. Additionally, Applicants must define and describe a quantifiable target population in terms of size and factors such as geographic location, demographics, insurance coverage, service utilization statistics, health risk, or other relevant characteristics. The target population must be within one of the three population groups listed above. If a Proposal offers a Telemedicine-based solution to care delivery for at least one of the three population groups, there is no limit placed on geographic region or scale of the Pilot.

TM 29. Is partnership required for participation in the Telemedicine Pilot Initiative?

No. Partnership is not required for the Telemedicine Pilot Initiative, but is strongly encouraged. In evaluating proposals received for the Telemedicine Pilot Initiative, the HPC will allocate up to 15 points based on the strength and value of partnerships and effective governance, communication, and decision-making structures among the Applicant and Partner(s).

TM 30. Should I build a formal evaluation with dedicated funding into my proposal?

Applicants are not required to include a formal evaluation as part of their Proposal. Please note that all Applicants must propose a performance monitoring plan and specify performance measures, as described in the RFP. The HPC may use this data as part of its own evaluation.

TM 31. Please clarify the HPC’s partnership preferences for the Telemedicine Pilot Initiative.

There is no restriction on or preference for organization type or relationship for partnerships. A Partner may or may not be corporately affiliated with the Applicant. Strength and value of partnerships is a selection criterion that the HPC will consider when evaluating Proposals. The Applicant should describe in its operational response the specific and tangible benefits of any partnership to the target population in support of the Primary Aim.

TM 32. Many of my patients get coverage for Telemedicine through a commercial payer, but still must pay co-pays and deductibles for service. I want to give this care to patients without going through the Carrier, but I'll be breaking my contract with the Carrier if I do this. How can I participate?

The HPC cannot comment or offer any advice on contractual obligations between market participants or other legal obligations. We encourage you to discuss these issues with the Carrier. Please note that, as specified in the Budget Instructions described in Attachment A, Exhibit 3 of the Telemedicine Pilot Initiative RFP, HPC funding may be used for Applicant and Partner personnel salaries, fringe, indirect costs, consultants, contractors, technology, training and additional support costs, provided that such goods and services are tied to the Primary Aim of the Proposal. The Applicant should not include costs in the Budget Proposal Response that are subject to reimbursement from any other source. Duplicative costs or receiving reimbursement from multiple funding sources for the same cost is prohibited (i.e., "double dipping").

TM 33. Can you please speak to coverage for those who could fall into the 55+ category - if the patient is on Medicare, does Medicare have Telemedicine coverage?

Current information on Medicare's coverage of Telemedicine is available on the Centers for Medicare and Medicaid website. Please note that the Applicant should not include costs in the Budget Proposal Response that are subject to reimbursement from any other source. Duplicative costs or receiving reimbursement from multiple funding sources for the same cost is prohibited (i.e., "double dipping").

TM 34. Can I use my organization's experience with a Telemedicine intervention and technology as an evidence base for my proposal?

Yes, an organization may cite its own past experience with Telemedicine as an evidence base. As stated in Section IV of the Telemedicine Pilot Initiative RFP, strength of the proposed Pilot's evidence base and magnitude of estimated impact are selection criteria that the HPC will consider when evaluating Proposals.

TM 35. Can I propose building an app or Telemedicine intervention from scratch for the purpose of the Telemedicine Pilot Initiative, or do I need to use a program that has been tried and tested by either my organization or a Partner organization?

The HPC will consider Proposals that include new technology development in service of the proposed Pilot. However, please note that Proposals will be evaluated for the magnitude of their impact on the Primary Aim within the Implementation Period, which is 12 months. This means that time spent on technology development, testing, and marketing is not counted.

TM 36. Are there HPC-recommended Telemedicine platforms to utilize in this pilot?

No. The HPC is not recommending specific Telemedicine platforms or conferring any advantage to Applicants that utilize certain platforms for this Pilot.

TM 37. Is the defined term Telemedicine inclusive of provider-provider consultation or solely provider-patient consultation?

For the purposes of the Telemedicine Pilot Initiative, Telemedicine includes both provider-provider consultation and provider-patient consultation. Please see the Definitions section of the Telemedicine Pilot Initiative RFP for a full definition of Telemedicine.

TM 38. Does the Telemedicine provider need to be located in Massachusetts?

The provider delivering the service to patients must be licensed and credentialed to deliver care in Massachusetts, but does not need to be physically located in Massachusetts.

TM 39. Would someone residing in an assisted living facility be considered aging in place?

For purposes of this Pilot Initiative, Older Adults aging in place means older adults receiving services in their residences, which may include a patient's home, a senior living community, assisted living facility, or other non-health care setting.

TM 40. Are there eligibility restrictions on individuals in the target population participating in the Pilot?

The goal of the Telemedicine Pilot Initiative is to increase access to Behavioral Health care using Telemedicine for Children and Adolescents, Older Adults aging in place and/or Individuals with Substance Use Disorder in the Commonwealth. For more information, please see the Goals section of the Telemedicine Pilot RFP.

Individuals that do not live, work, or attend school in Massachusetts should not be included in the target population. Homeless individuals in Massachusetts are eligible.

TM 41. Does the Applicant need to designate a Principal Investigator?

No. The designation of a Principal Investigator is not required. The HPC requires Applicants to identify two individuals by name at the time of Proposal: the Investment Director, and the Financial Designee, defined in Section IX of the RFP.

Investment Director: Primary point of contact for the HPC, who will assume responsibility for oversight of the Pilot, and will lead its implementation.

Financial Designee: Individual who will be responsible for tracking all funds identified in the Budget Proposal Response and reporting expenditures as required by the HPC.

TM 42. Will letters of support be permitted? If so, where in the Proposal should they be included?

Letters of support will be accepted as part of an Applicant's Proposal. These materials may be included within the Operational Response, in Section V.E.6 or Section V.E.7. Please note that the Operational Response shall not exceed 15 pages.

TM 43. May I apply for more than one of the HPC's innovation investment opportunities? Can I serve as the Applicant for one Proposal, and as a Partner on another?

Yes. There are no restrictions on the number of Proposals an Applicant or Partner may participate in, and it is possible for an Applicant or Partner to participate in more than one Proposal that receives HPC funding. While there is no restriction on the number of Proposals, however, the HPC encourages Applicants to submit their most competitive initiatives.

TM 44. Can more than one proposal from a particular Applicant or Partner be funded?

Yes. There are no restrictions on the number of Proposals an Applicant or Partner may participate in, and it is possible for an Applicant or Partner to participate in more than one Proposal that receives HPC funding. While there is no restriction on the number of Proposals, however, the HPC encourages Applicants to submit their most competitive initiatives.

TM 45. Can you provide guidance on how the Commonwealth Standard Contract Form should be completed?

Applicants should complete the following fields of the Standard Contract Form: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. Applicant also should sign and date the Standard Contract Form. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract.

TM 46. Are there separate HPC Terms and Conditions in addition to what is included in Attachment B of the RFP? If so, are these included on the website to review?

In addition to the Commonwealth Terms and Conditions and Standard Contract form, there are terms and conditions specific to each investment program. Section VII of the RFP includes an overview of these terms and conditions, which will be detailed in the final contract documents after the HPC has made awards.

TM 47. Is the full Proposal submitted electronically on the HPC site? By hard copy? Or both?

As specified in the RFP, Applicants must submit one (1) electronic copy of all Proposal materials to the HPC to HPC-Innovation@state.ma.us no later than the deadline. Hard copies will not be accepted by the HPC.

TM 48. Will any part of the full Proposal be publically posted, short of a public records request?

No. The HPC may aggregate descriptive information about submissions for the purposes of presenting a process update to its board, but does not intend to publish Proposals.

TM 49. Can you provide guidance on formatting preferences for the Proposal?

We encourage Applicants to submit the Operational Response for Proposals using single spaced, Times New Roman font, with a minimum margin size of ¼ inch and a minimum font size of 11. As stated in the RFP the Operational Response shall not exceed 15 pages. The Driver Diagram, Performance Measures Plan and Budget Proposal Response should be completed in the template format provided in the RFP attachments.

TM 50. If I am interested in including information within my Proposal that was not specifically mentioned in the RFP, may I attach documents as appendices to my Operational Response?

Yes, the Applicant may submit additional materials in support of the Proposal but the HPC will not consider additional materials that exceed the 15-page limit for the Operational Response.

TM 51. Does the 15 page limit for the Operational Response include literature references?

No, the 15-page limit does not include literature references. Please include literature references as endnotes.

TM 52. Can the Investment Director role be shared between the applicant and partner agency?

We encourage governance arrangements that facilitate coordination between the Applicant and partners, but the Proposal must list a single point of contact for the HPC as the Investment Director. The Investment Director may be aligned with any organization listed on the Proposal.

TM 53. In Attachment A, Exhibit 2 of the RFP, is the column heading “Value of Measure” to be understood as having the same meaning as “Purpose of Measure,” the column heading that appears in the sample table presented in Section V.D.3.b. (p. 13)?

Yes, these are intended to be the same fields. Please include a brief description of the purpose of the measure.

TM 54. Can a vendor organization be a contractor to a partner, or must all vendors contract with the applicant?

Vendors may contract with either the Applicant or a Partner. Please list and describe any vendor expenses in the “Support Costs” section of the appropriate budget per the instructions in the Budget Proposal Response (Attachment A Exhibit 3).

TM 55. If the vendor organization demonstrates a collaborative approach to testing an innovative delivery approach, analytic model, tool, or other solution and selling a product or service can they be recognized as either as a vendor or a partner?

Yes.

TM 56. If funds are awarded for a proposal, is there some flexibility to move funds within staff, services or contractor costs during the course of the project if needed, staying within budget?

The HPC anticipates allowing certain modifications to the budget during the course of the project, subject to HPC authorization, so long as the changes do not substantively modify the design of the program.

TM 57. Has it already been determined how often the applicant will be paid? Will this be monthly, quarterly, etc.?

The HPC will make payments of the Award in periodic installments based on a cost reimbursement model. All payments and any Contract extensions are subject to HPC authorization, availability of funds, and HPC's determination of satisfactory performance of the Contract terms, as described in Section III.C. of the Telemedicine Pilot RFP.

TM 58. Instructions indicate that the Commonwealth Standard Contract Form (Attachment C, Exhibit 2 of the HCII RFP) must be signed and included with the Proposal. However, the form is blank. Does this need to be included with the Proposal, or after/if a grant is awarded?

The Applicant must submit the Standard Contract Form with the following fields completed: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. The Standard Contract Form also must be signed and dated by an authorized signatory of the Applicant. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract.

TM 59. What is included and excluded from the 15-page limit of the Operational Response?

All components of the Operational Response requested by the HPC must remain within the 15-page limit. This includes the resume for the Investment Director, and any additional materials submitted in support of the Proposal (such as letters of support). The only exclusions to this 15-page limit are the RFP attachments – the driver diagram, the performance measures template, the budget proposal response, and the mandatory contracting forms – and any literature references, which should be formatted as endnotes. The HPC will not consider additional materials that exceed the 15-page limit for the Operational Response.

TM 60. Should our submission be collapsed into one large PDF, or should we submit a number of separate documents?

The proposal submission should not be condensed into one PDF document. The Operational Response may be submitted in PDF format. RFP attachments – the Driver Diagram Template, the Performance Measures Template, and the Budget Proposal Response – must be submitted in their original file formats. Do not convert these documents into .PDF format. Scanned copies of signed forms are acceptable for the cover letter and the Mandatory Contracting Forms. To ensure file transmission, please limit the total email size to 5MB or send separate emails.

TM 61. Who is able to claim indirect costs in the Budget Proposal Response?

The Applicant and Partners may include indirect costs on up to 15% of the pre-fringe personnel salaries of staff who will be participating in the Initiative. Applicants and Partners may not include indirect costs on the salaries of consultants.

TM 62. What types of costs can we claim indirect for?

Indirect costs are only for pre-fringe personnel salaries. Indirect on Support Costs, such as Consultants/ Contractors, Technology Costs, Training Costs, and any additional costs associated with the initiative is not permitted.

TM 63. For some partners, we would be paying them a small amount to collect and submit data. Is it possible to show this as a “contractor cost”, or “other support cost” on the budget of the applicant, as opposed to those partners having their own budget?

A contractor that is solely selling a product or service to an Applicant would not be considered a Partner. Consultants and other contractors who perform services for the Applicant or a Partner as part of the Initiative, but who do not meet the level of collaboration required of a Partner should be itemized as “Consultants/Contractors” on the Applicant or Partner’s tab of the Budget Proposal Response, to best reflect the anticipated contracting arrangement.

All costs associated with a Partner must be itemized in the Partner budget. As a reminder, a Partner may be any organization that provides services to the target population, or collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative or Pilot. Organizations identified as Partners in the Proposal will be evaluated by the HPC on the degree to which the partnership described demonstrates a collaborative approach to the proposed Initiative.

TM 64. Should the budget justification be included as "Notes" in the Budget Proposal Response Template, and not as a separate attachment or as part of the 15-page Operational Response?

Yes. There is no Budget Narrative required in the Operational Response. The section of the operational response pertaining to the budget directs you to this template; therefore it is important for every line item claimed in the budget proposal response to be thoroughly described in the Notes column. The Notes column may be re-sized, or you may wrap the text of the cells to include all the necessary information.

- TM 65. Is there any need to include Preparation Period cost details in the Budget Proposal Response, since the section is aggregated?**
- Yes. Please include a description of what is included in each cost category in the Notes column of the template.
- TM 66. Once funds are awarded, how much flexibility is there for Partners to make a change to a proposed budget?**
- Once the HPC has made awards and begun contracting, modifications may be made to the budget or components of the Initiative, at the discretion of the HPC.
- TM 67. Does the Operational Response have to follow the order of the outline included in the RFP?**
- No. Applicants are not required to structure the Operational Response according to the outline in the RFP. But since HPC reviewers will be tracking and scoring proposals based on the items outlined in the RFP and will be able to identify the components of Proposals more easily if they follow the outline, the HPC encourages Applicants to structure the Operational Response in the order listed in the RFP.
- TM 68. When listing Partners in the Operational Response, what role should the contact person have in the organization? Should the contact person have signing authority?**
- The contact person at each Partner organization does not necessarily need to have signing authority. This person should be involved in the Proposal, and will be aware of the day-to-day operations of the Initiative.
- TM 69. What are the reporting requirements if approved as an Awardee?**
- Reporting requirements for all Awards will be determined by the HPC and the Awardee at the time of Contract execution.
- TM 70. Can HPC provide a guideline for the time commitment that it would expect from an Investment Director? Is it a whole or percent of FTE?**
- We cannot recommend a specific allocation of FTE for the Investment Director role as it will be dependent on the Initiatives proposed. Keep in mind that the Investment Director will have a lead role in the planning and implementation of the Initiative, so we recommend that the Applicant and Partner(s) allocate adequate time for coordinating these activities as well as coordinating performance monitoring.
- TM 71. Can HPC provide a guideline for the time commitment that it would expect from a Finance Designee? Is it a whole or percent of FTE?**
- Given the periodic nature of financial reporting, the HPC recommends allocating a percent FTE to this role. Note that this person will need to track and monitor all expenses to satisfy the cost-reimbursement reporting requirements for an award.

TM 72. If we have organizations that serve as Advisory Committee members that would not receive any funding from the grant, are they still considered partners? Are they all required to submit a budget showing in-kind services, but no funding from the grant, even if the in-kind services are just the Advisory Committee participation?

Organizations that are supporting your proposed Initiative but that are not expending funds (either HPC funds or funds from other sources) do not need to submit a Partner budget. We encourage you to list all participants in the proposal and describe their role in the question pertaining to the Initiative's staffing model.

TM 73. Must the primary aim follow the specified format? Will you accept modification to the format?

Yes, the primary aim must follow the specified format. The aim statement should be specific and measurable in the following format: We will accomplish [percent/count change] in [specific impact measure], by [the end of the Implementation Period], for [the Target Population].

TM 74. Should we submit a partner budget if a partner's only financial contribution will be an in-kind contribution of staff time from current staff as part of their regular work?

Yes. All in-kind donations should be included in a Partner budget. The HPC will evaluate the strength of partnership and proposed in-kind funding from the Applicant and Partners.

TM 75. If you are a CHART grantee, may this grant initiative follow a similar group of patients to CHART but provide different services?

Yes. Please be sure to state what the need for the new services is in the target population and how your proposed Initiative will meet that need.

TM 76. Is it possible to have 2 Investment Directors, e.g. an Investment Director and Co-Investment Director?

We encourage governance arrangements that facilitate coordination between the Applicant and Partner organizations, but the Proposal must list a single point of contact for the HPC as the Investment Director. The Investment Director may be aligned with any organization listed on the Proposal. Additionally, you may specify additional key personnel, and their roles, when describing the staffing model in the operational response.

TM 77. Is it acceptable to use a modified version of the HPC Confidentiality and NDA?

All Applicants must sign the HPC Confidentiality and Non-Disclosure Agreement at the time of Proposal submission. An Applicant also may submit a letter noting exceptions to the HPC Confidentiality and Non-Disclosure Agreement, which the HPC may consider during the contracting process.

TM 78. Can CHART funding be used as an in-kind contribution?

The HPC welcomes Proposals that align with, complement, or expand upon other state programs and investments. If the Proposal is intended to align with, complement, or expand upon an existing CHART Phase 2 grant from the HPC, existing CHART Phase 2 funding may be listed as “other funding sources” on either the Applicant’s or a Partner’s Budget Proposal Response. Please note that under no circumstances may CHART funds be repurposed from their intended use as established in the CHART Phase 2 contract documents. See FAQ response HCII 17.

TM 79. Is there a cap on the initial HPC funding payment? Can we request an initial payment to fund the Preparation Period?

Payment of Awards will be made on a cost reimbursement basis. The HPC may make an initiation payment at the time of Contract execution to fund Awardee preparation activities. The HPC will decide the amount of any initiation payment at the time of Contract execution.

TM 80. Would an Awardee have the right to publish the results of these programs in scientific journals? Section 4 of the Confidentiality and Non-Disclosure Agreement seems to infer that any publication of the results may require the approval of the HPC. Is that the case?

Awardees may publish results of these programs. However, to the extent such a publication were to include any Confidential Information, as defined in the Confidentiality and Non-Disclosure Agreement, the Awardee would be required to obtain the approval of the HPC in advance. Awardees may not use, retain, release, publish, refer to, transfer, or disclose to any third party the Confidential Information, or any data derived or extracted from the Confidential Information, for any purpose, unless approved in advance by the HPC. The HPC may issue further guidance regarding the publication of results and other related information during the contracting process.

TM 81. Will an Applicant’s Proposal be subject to a subsequent Freedom of Information Action (FOIA) request?

All responses and related documents submitted in response to this RFP are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7(26).

TM 82. Will partner organizations be subjected to audits?

The HPC reserves the right to conduct on-site or off-site financial monitoring reviews or audits of any Contractor or any Partner receiving funds through an HPC Innovation Investment program and/or to require a program specific financial audit.

TM 83. Will we receive confirmation that our Proposal has been received?

Yes, HPC will confirm receipt of the Proposal via email. However, email confirmation of receipt of the Proposal does not indicate completeness of the Proposal or eligibility of the Applicant.

TM 84. Will there be an opportunity to modify the proposal after contract has been submitted?

HPC will be evaluating Proposals as submitted by the deadline, Friday, May 13 at 3:00 PM EDT. The HPC anticipates that minor modifications to the Proposal may be made prior to Contract execution, subject to HPC authorization, so long as the changes do not substantively modify the design of the Proposal.

TM 85. Please clarify the reimbursement process. Will the awardee need to pay providers first and then invoice or send some type of cost report to the HPC for reimbursement?

Yes. Each request for reimbursement submitted by an Awardee shall be accompanied by (1) the invoices for each of the amounts requisitioned, (2) proof of payment by Awardee, and (3) any other supporting documentation and information substantiating Awardee's request for reimbursement, as the HPC may request, in a form satisfactory to the HPC.

TM 86. It appears the budget worksheet allows for only one fringe benefit rate. Our organization has a different fringe rate for physicians than for other personnel. Are we limited to one rate, and if so, which one should we use?

The "Fringe Benefit Rate" cell in the Budget Response Template affects the calculation of other cells in the Template. Therefore, if your organization uses different fringe rates for different types of personnel, please establish a composite fringe rate for all personnel based on anticipated personnel who will staff the project and enter that composite fringe rate into the Budget Response Template.

TM 87. Does the HPC have a DUNS number?

No, the HPC does not have a DUNS number.

TM 88. How ambitious or conservative should Applicants be in estimating the likely impact described in the primary AIM?

Applicants should estimate impacts that are evidence-based and align with the measurement plan for performance monitoring and outcomes assessment. The review committee will evaluate the magnitude of the estimated impact of the proposed Initiative as well as the feasibility and efficacy of the Proposal in meeting the goals of the RFP.

TM 89. Does the Health Policy Commission anticipate recovering funds if the target isn't met?

The HPC will make payments of the Award in periodic installments based on a cost reimbursement model. Payments will be subject to HPC's determination of satisfactory

performance. The HPC reserves the right to reduce, terminate, or recover payments, in whole or in part, in the event the Awardee fails to perform Contract requirements and provide deliverables substantially as specified in the Contract or if, during the Contract term, the Awardee is determined by the HPC to be no longer qualified.

TM 90. Can we combine 2 primary aims that have same goals and same primary and secondary drivers, and submit one driver diagram?

Yes. As stated in the RFP, the primary aim should describe the primary outcomes of interest, whether derived from one measure, or encompassed in a combination of measures with variable reduction goals, as long as all measures in the aim statement are specific and feasible.

TM 91. Is the Investment Director meant to be an organizational leader supporting the program or a day to day contact person?

The Investment Director is the primary point of contact for the HPC and assumes responsibility for overseeing the Initiative's operations. The Investment Director must possess the clinical and operational formal authority and informal influence to implement and sustain the Initiative, but does not need to be an organizational leader.

TM 92. Is there a way to include funds for the recruitment of additional Partners or do all the Partners need to be identified and funded in the application budget?

All Partners, and any HPC funding requested for Partners, must be described at the time of Proposal submission.

TM 93. Are letters of support needed from Partners to an Initiative?

Letters of support are not required from Partners, but may be considered during the review committee's evaluation of Partnership and Collaboration of the Proposal.

TM 94. In determining the time commitment for a Financial Designee, will there be established financial reporting tracked during the Performance Period?

The Financial Designee will be responsible for tracking all funds identified in the Budget and reporting expenditures as required by the HPC. Reporting requirements for all Awards will be determined by the HPC and the Awardee at the time of Contract execution.

TM 95. Do we have to have 3 secondary drivers in the Driver Diagram, or could we have 2?

There are no restrictions on the number of secondary drivers depicted in the Driver Diagram. The Driver Diagram should be comprehensive and illustrate the logical flow of your Initiative.

TM 96. What is the best way to illustrate discounts on goods or services that are offered by a partner organization to an applicant as an in-kind donation?

Goods or services provided for the Initiative by a Partner at a lower price should be represented in the following ways. Please remember that all line items included in the Budget Proposal Response should be clearly described in the Notes column.

	Applicant Tab	Partner Tab
A Partner is providing \$10,000 worth of services at a 30% discount.	TOTAL COST: \$0 HPC FUNDING: \$0 IN-KIND CONTRIBUTION: \$0	TOTAL COST: \$10,000 HPC FUNDING: \$7,000 IN-KIND CONTRIBUTION: \$3,000
A Partner that is a health technology firm is selling the Applicant \$10,000 worth of hardware at a 30% discount that the Applicant will keep after the Implementation Period is complete.	TOTAL COST: \$10,000 HPC FUNDING: \$7,000 IN-KIND CONTRIBUTION: \$0	TOTAL COST: \$0 HPC FUNDING: \$0 IN-KIND CONTRIBUTION: \$3,000

TM 97. With regard to the Performance Measures Template (Attachment A, Exhibit 2), we are having difficulty identifying measures for secondary drivers. Is it expected that each secondary driver must list how it will be measured? Is it okay to include some that are not measureable?

Alignment of the measurement plan to the proposed Initiative for performance monitoring and to the aims for outcomes assessment is an evaluative factor in selecting proposals for award. While not required, we recommend that all components of a service model, as described in a Proposal's driver diagram, be measurable. These can provide your organization insight into whether your activities are (or are not) supporting your Primary and Secondary Aims, and should inform any pivots you may want to make over the course of implementation.

TM 98. Regarding the HPC Confidentiality and Non-disclosure Agreement, may any designated/approved signatory sign this form, and which signature/name section should be completed (left side or right side)?

The HPC's Confidentiality and Non-Disclosure Agreement must be signed by an authorized signatory listed on Attachment B, Exhibit 3. The authorized signatory should complete the signature section on the right side.

TM 99. Regarding the Commonwealth Standard Contract Form and Instructions, will any additional guidance be provided for completing this form? We have reviewed what has been provided with the attachment, but will likely have additional questions.

Applicants should complete the following fields of the Standard Contract Form: Contractor Legal Name, Legal Address, Contract Manager, E-Mail, and Phone. Applicant also should sign and date the Standard Contract Form. Applicants may leave all other fields blank. The remainder of the Standard Contract Form will be completed if the HPC awards a contract. See FAQ response for TM 45.

TM 100. What format should we use for evidence-base references?

Please include references as endnotes (per TM 51, endnotes do not count toward the 15-page Operational Response limit).

TM 101. Do the Partner entities need to sign any contracting forms at this time?

No. Applicants must submit signed copies of the mandatory forms attached to the RFPs with their Proposal, but Partners do not need to sign any of the contracting forms at this time.